

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G80193

1. Entity Name

JESTEADT ENTERPRISES, INC.

**FILED**  
**Apr 21, 2000 8:00 am**  
**Secretary of State**

04-21-2000 90015 025 \*\*\*150.00

Principal Place of Business

Mailing Address

% MARGARET JESTEADT  
2590 W. EDGEWATER DR  
PALM BRACH GARDENS FL 33410-2436

% MARGARET JESTEADT  
2590 W. EDGEWATER DR  
PALM BEACH GARDENS FL 33410-2436

2. Principal Place of Business

3. Mailing Address

285 U.S. Hwy. One  
Suite, Apt. #, etc.

SAME  
Suite, Apt. #, etc.

City & State  
Tampa, Florida  
33469 U.S.A

City & State

Zip

Country

Zip

Country

4. FEI Number 59-2428315

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JESTEADT, MARGARET  
2590 W. EDGEWATER DR  
LAKE PARK FL 33410

Name

Street Address (P.O. Box Number is Not Acceptable)

SAME

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	JESTEADT, MARGARET	
STREET ADDRESS	2590 W. EDGEWATER DR	
CITY-ST-ZIP	LAKE PARK FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	JESTEADT, JAMES J.	
STREET ADDRESS	2590 W. EDGEWATER DR	
CITY-ST-ZIP	LAKE PARK FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Margaret Jesteadt MARGARET JESTEADT

4-13-00

(561) 746-5666

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)