

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90031 043 ***150.00

DOCUMENT # **H 34014**
1. Entity Name
Jiffy Billboards, Inc.

Principal Place of Business Mailing Address

A0049508

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
410 Michael D. Lucklas
Suite, Apt. #, etc.
1515 Broadway
City & State
New York, NY
Zip
10036 Country
USA

3. Mailing Address
410 Michael D. Lucklas
Suite, Apt. #, etc.
1515 Broadway
City & State
New York, NY
Zip
10036 Country
USA

4. FEI Number
59-2498270
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
Corporation Service Company
1201 Hays Street
Tallahassee, FL 32301

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
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, 2001 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

TITLE CEO	DIR	<input type="checkbox"/> Delete
NAME Mel L. Karmazin		
STREET ADDRESS 1515 Broadway		
CITY-ST-ZIP New York, NY 10036		
TITLE CFO	DIR	<input type="checkbox"/> Delete
NAME Farid Suleman		
STREET ADDRESS 51 West 52nd Street		
CITY-ST-ZIP New York, NY 10019		
TITLE EVP		<input type="checkbox"/> Delete
NAME Michael D. Lucklas		
STREET ADDRESS 1515 Broadway		
CITY-ST-ZIP New York, NY 10036		
TITLE SEC		<input type="checkbox"/> Delete
NAME Angeline C. Straka		
STREET ADDRESS 1515 Broadway		
CITY-ST-ZIP New York, NY 10036		
TITLE AS		<input type="checkbox"/> Delete
NAME Deane W. Stack		
STREET ADDRESS 1515 Broadway		
CITY-ST-ZIP New York, NY 10036		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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
NAME	
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
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)(l), 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: **Deane W. Stack** **Ilene W. Stack** **2/2/2001** **258-6874**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)