

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H72395

1. Entity Name

JENNY LEE ENTERPRISES, INC.

Principal Place of Business

% JOHN E. KELLY

16301 DEW DROP LANE #1
TAMPA, FL 33625
TAMPA, FLA 33625

Mailing Address

% JOHN E. KELLY

16301 DEW DROP LANE #1
TAMPA, FL 33625
TAMPA, FLA 33625

2. Principal Place of Business

5305 Ehrlich Rd #1

3. Mailing Address

5305 Ehrlich Rd #1

Suite, Apt. #, etc.

#1
TAMPA, FLORIDA

Suite, Apt. #, etc.

#1
TAMPA, FLORIDA

City & State

Zip

Country

Hillsborough

City & State

Zip

Hillsborough

Country

Hillsborough

6. Name and Address of Current Registered Agent

KELLY, JOHN E.
16301 DEW DROP LANE
TAMPA FL 33625

7. Name and Address of New Registered Agent

Name: JOHN E. KELLY
Street Address (P.O. Box Number is Not Acceptable)
10833 COLLAR DRIVE
City: SAN ANTONIO, FL Zip Code: 33576

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: John E. Kelly John E. Kelly Secy/TREAS. 1-18-01
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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	DST	<input type="checkbox"/> Delete
NAME	KELLY, JOHN E.	
STREET ADDRESS	16301 DEW DROP LANE	
CITY-ST-ZIP	TAMPA FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	KELLY, MARILYN J.	
STREET ADDRESS	16301 DEW DROP LANE	
CITY-ST-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	10833 COLLAR DRIVE
CITY-ST-ZIP	SAN ANTONIO, FLORIDA 33576
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	10833 COLLAR DRIVE
CITY-ST-ZIP	SAN ANTONIO, FLORIDA 33576
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	700003631207--5
CITY-ST-ZIP	02/02/01--01108--002
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	*****300.00 *****300.00
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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-29-00

813-961-4213

FILED
01 JAN 22 PM 2:56

SECRETARY OF STATE
TALLAHASSEE FLORIDA



REINSTATEMENT 2000-01

4. FEI Number 59-2567130 ☐ Applied For ☐ Not Applicable

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

CR2E034 (5/00)

KE