

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J45615

1. Entity Name

J & R DONUTS, INC.

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

04-21-2000 90046 002 ***150.00

Principal Place of Business

Mailing Address

JOAO C. RODRIGUES
WEST VINE STREET
FL 34741-4162

JOAO C. RODRIGUES
807 WEST VINE STREET
KISSIMMEE FL 34741-4162

2. Principal Place of Business

3. Mailing Address

200 E. Robinson St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 500

City & State

City & State

Orlando FL

Zip

Country

Zip

32801

Country

USA

4. FEI Number

59-2899987

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

RODRIGUES, JOAO C.
807 WEST VINE STREET
KISSIMMEE FL

Name

Florida Corporate Support, Inc.

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

200 E. Robinson Street

Suite 500

City

Orlando

FL

Zip

32801

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.

FLORIDA CORPORATE SUPPORT, INC.

SIGNATURE

By:

[Signature]

Assistant Secretary

4/10/00

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
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
RODRIGUES, JOAO C.
807 WEST VINE STREET
KISSIMMEE FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P/H/D ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V/S/D
RODRIGUES, Delores
807 WEST VINE STREET
KISSIMMEE, FL 34741 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
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☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-5-00

Daytime Phone #

CR2E034 (9/99)