

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J57781

1. Entity Name

CUBCO, INC.

FILED
Apr 07, 2000 8:00 am
Secretary of State

04-07-2000 90060 014 ***150.00

Principal Place of Business

Mailing Address

835 N BEACH ST
DAYTONA BEACH FL 32114
US

% STANLEY E. JENKINS, JR.
704 BIG TREE ROAD
SOUTH DAYTONA FL 32119-2704

2. Principal Place of Business

605 Commercial Drive

Suite, Apt. #, etc.

3. Mailing Address

605 Commercial Dr.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Holly Hill, FL

City & State

Holly Hill, FL

4. FEI Number 59-2777077

Applied For

Not Applicable

Zip

32117

Country

USA

Zip

32117

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JENKINS, STEVE
433 TARRAGONA WAY
DAYTONA BCH FL 32114

7. Name and Address of New Registered Agent

Name Steve Jenkins

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

839 Canal View

City Port Orange

FL

Zip Code 32119

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

Stephen Jenkins Stephen Jenkins

3/31/00

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

TITLE D ☐ Delete
NAME JENKINS, STEPHEN R.
STREET ADDRESS 433 TARRAGONA WAY
CITY-ST-ZIP DAYTONA BEACH FL

TITLE D ☐ Delete
NAME JENKINS, STANLEY E. SR
STREET ADDRESS 433 TARRAGONA WAY
CITY-ST-ZIP DAYTONA BEACH FL

TITLE D ☐ Delete
NAME JENKINS, STANLEY E JR
STREET ADDRESS 704 BIG TREE ROAD
CITY-ST-ZIP SOUTH DAYTONA FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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TITLE ☐ Change ☐ 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:

Stephen Jenkins **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/00

Date

904-254-2706

Daytime Phone #

CR2F034 (9/99)