2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J68151 1. Entity Name

JBF ENTERPRISES, INC.

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FILED May 10, 2000 8:00 am Secretary of State 05-10-2000 90086 033 ***150.00

of Business N DR 2526-3616 De of Business etc.	Mailing Address 7110 PENNINGTON DR PENSACOLA FL 32526-3616 3. Mailing Address Suite. Apt. #. etc.	3					74 4 (6 2) 1 3 (
2526-3616 be of Business	PENSACOLA FL 32526-3616 3. Mailing Address	3			Baranin biya biya biya inday kara biyan biyan kara biban bi		'!! ! !	
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etc.	Suite, Apt, #, etc.							
	e, Apt. #, etc. Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
City & State					4. FEI Number 59-2782803		pplied For ot Applicable	
Country	Zip Country		try ,	5. Certificate of Status Desired See Required Fee Required				
6. Name and Address of Current Re	gistered Agent	-		7. 1	Name and Address of New Registere	d Agent		
* .			·Name			4	•	
WELLS, V. KEITH 118 WEST CERVANTES ST.			Street Address		(P.O. Box Number is Not Acceptable)			
COLA FL 32501			City		=	Zip Coo	Je	
tion is eligible to satisfy its Intangible uirement and elects to do so.	FILE NOW After MAY 1, 20	!!! FEE 000 Fee	IS \$150.00 will be \$550.00)	10. Election Campaign Financing Trust Fund Contribution.		00 May Be d to Fees	
· —	ν¨*		epartment of S		DOITIONS/CHANGES TO DEFICERS A	ND DIBECTOR	S IN 11	
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/M FREDERICK, JOSEPH P. 7110 PENNINGTON DRIVE	☐ Delete	NAM STRE	EET ADDRESS			☐ Change	Addition	
ST JENSEN, LEE ANN 1110 PENNINGTON DRIVE		TITLE NAM STRE	E EET ADORESS		، مسيحي ساد ما الأسال	☐ Change	Addition	
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	EST CERVANTES ST. COLA FL 32501 med entity submits this statement for the nature, typed or printed name of registered agent and tion is eligible to satisfy its Intangible cuirement and elects to do so, on back) OFFICERS AND DISTREDERICK, JOHN W. 110 PENNINGTON DR PENSACOLA FL TM REDERICK, JOSEPH P. 1110 PENNINGTON DRIVE PENSACOLA FL ST JENSEN, LEE ANN	The properties of the purpose of changing its meture, typed or printed name of registered agent and title if applicable (NOT	EST CERVANTES ST. COLA FL 32501 med entity submits this statement for the purpose of changing its registered agent and talle if applicable (NOTE: Registere ion is eligible to satisfy its Intangible uirement and elects to do so. on back) OFFICERS AND DIRECTORS OFFICERS AND DIRECTORS 12. OFFICERS AND DIRECTORS 12. OFFICERS AND DIRECTORS 12. OFFICERS AND DIRECTORS 13. OFFICERS AND DIRECTORS 14. OFFICERS AND DIRECTORS 15. OFFICERS AND DIRECTORS 16. OFFICERS AND DIRECTORS 17. OFFICERS AND DIRECTORS 17. OFFICERS AND DIRECTORS 18. OFFICERS AND DIRECTORS 19. OFFICERS AND DIRECTORS 10. OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 12. OFFICERS AND DIRECTORS 13. OFFICERS AND DIRECTORS 14. OFFICERS AND DIRECTORS 15. OFFICERS AND DIRECTORS 16. OFFICERS AND DIRECTORS 17. OFFICERS AND DIRECTORS 18. OFFICERS AND DIRECTORS 19. OFFICERS AND DIRECTORS 10. OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 12. OFFICERS AND DIRECTORS 14. OFFICERS AND DIRECTORS 15. OFFICERS AND DIRECTORS 16. OFFICERS AND DIRECTORS 17. OFFICERS AND DIRECTORS 17. OFFICERS AND DIRECTORS 18. OFFICERS AND DIRECTORS 19. OFFICERS AND DIRECTORS 10. OFFICERS AND DIRECTORS 10. OFFICERS AND DIRECTORS 10. OFFICERS AND DIRECTORS 10. OFFICERS AND DIRECTORS 16. OFFICERS AND DIRECTORS 17. OFFICERS AND	COLA FL 32501 City med entity submits this statement for the purpose of changing its registered office or registered agent and title if applicable innature, typed or printed name of registered agent and title if applicable innature, typed or printed name of registered agent and title if applicable innature, typed or printed name of registered agent and title if applicable innature, typed or printed name of registered agent and title if applicable innature, typed or printed name of registered agent and title if applicable innature, typed or printed of service agent and title if applicable innature, typed or printed of service agent and title if applicable innature, typed or printed of service agent and title if applicable innature, typed or printed of service agent and title if applicable FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of Service and title in name in 10 PENNINGTON DR FREDERICK, JOHN W. 110 PENNINGTON DRIVE FREDERICK, JOSEPH P. 1110 PENNINGTON DRIVE FREDERICK, JOSEPH P. 1110 PENNINGTON DRIVE FREDERICK, JOSEPH P. 1110 PENNINGTON DRIVE FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of Service and title in name in printer and in printer and title in name in printer and titl	EST CERVANTES ST. COLA FL 32501 City med entity submits this statement for the purpose of changing its registered office or registered agent and title if applicable mature, typed or printed name of registered agent and title if applicable mature, typed or printed name of registered agent and title if applicable mature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when it in its ellipsic product of the purpose of changing its registered office or registered agent and title if applicable (NOTE: Registered Agent signature required when it in its ellipsic product of the purpose of changing its registered office or registered agent ag	City F med entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. City F med entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. City F med entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. City F med entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. City F med entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. City F The Now!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State Thus F Now Payable to Depart	City	

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.