

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2000 8:00 am
Secretary of State

04-28-2000 90035 035 ***150.00

DOCUMENT # K56784

1. Entity Name

JEVO ENTERPRISES, INC.

Principal Place of Business

Mailing Address

**8405 N HIMES 230
PO BOX 271348
TAMPA FL 33614**

**8405 N HIMES 230
PO BOX 271348
TAMPA FL 33688-1348**

2. Principal Place of Business

3. Mailing Address

**1717 MILL RUN CIR
Suite, Apt. #, etc.**

**SAME
Suite, Apt. #, etc.**

TAMPA FL

City & State

4. FEI Number **59-2928608**

Applied For

Not Applicable

33613

0817

Zip

Country

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

Name

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

TAMPA FL

FL

33613

**BOSWELL, SEAN P.
8405 N. HIMES #230
TAMPA FL 33614**

1717 MILL RUN CIR

City

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, 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 ☐ Delete
NAME **D**
STREET ADDRESS **BOSWELL, SEAN P.**
CITY-ST-ZIP **8405 N. HIMES #230
TAMPA FL**

TITLE ☐ Change ☐ Addition
NAME **Boswell, Sean P.**
STREET ADDRESS **1717 MILL RUN CIR**
CITY-ST-ZIP **TAMPA FL 33613**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-1-00 813-5354041

CR2E034 (9/99)