

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K77969

1. Entity Name

JADEN GLASS CORPORATION

FILED
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90024 012 ***150.00

Principal Place of Business

2817 HWY 77
PANAMA CITY FL 32405
US

Mailing Address

BOX 1408
LYNN HAVEN FL 32444-6208
US

822239



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2941551

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BENNETT, DERRICK
112 E 3RD. COURT
PANAMA CITY FL 32401

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

TITLE	P	<input type="checkbox"/> Delete
NAME	JOHNSON, DENNIS	
STREET ADDRESS	4033 OSPRY POINT	
CITY-ST-ZIP	PANAMA CITY FL 32409	
TITLE	Vice President	<input type="checkbox"/> Delete
NAME	KEVIN JOHNSON	
STREET ADDRESS	433 BREAM POND RD.	
CITY-ST-ZIP	Southport, Fla. 32409	
TITLE	Sec./Treasurer	<input type="checkbox"/> Delete
NAME	JANET JOHNSON	
STREET ADDRESS	4033 OSPRY POINT	
CITY-ST-ZIP	PANAMA CITY, FL. 32409	
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		
CITY-ST-ZIP		
TITLE	Vice President	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KEVIN JOHNSON	
STREET ADDRESS	433 BREAM POND RD.	
CITY-ST-ZIP	PANAMA CITY, FL. 32409	
TITLE	Sec./Tres.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JANET JOHNSON	
STREET ADDRESS	4033 OSPRY POINT	
CITY-ST-ZIP	PANAMA CITY, FL. 32409	
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		
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

Dennis JOHNSON, Pres
3/3/2000

850.769.3325

Daytime Phone #

CR2ED34 (9/95)