

**2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # **L17280**

1. Entity Name

**Jenny's Studio, Inc.****FILED**  
**May 31, 2000 8:00 am**  
**Secretary of State**

05-31-2000 90052 011 \*\*\*158.75

Principal Place of Business	Mailing Address
<b>420 Walnut Street</b> <b>Green Cove Springs, FL</b> <b>US 32043</b>	<b>P.O. Box 321</b> <b>Orange Park FL</b> <b>US 32067-321</b>

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
<b>59-2967572</b>	<input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required

## 6. Name and Address of Current Registered Agent

**Williams Grady H JR.**  
**1279 Kingsley Ave**  
**STE #117**  
**Orange Park FL**

## 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	<b>DP</b>	<input type="checkbox"/> Delete
NAME	<b>Freeman, Jenny</b>	
STREET ADDRESS	<b>312 Center St</b>	
CITY-ST-ZIP	<b>Green Cove Springs, FL 32043</b>	
TITLE	<b>DV</b>	<input type="checkbox"/> Delete
NAME	<b>Davidson, Joyce</b>	
STREET ADDRESS	<b>272 Fleming Drive</b>	
CITY-ST-ZIP	<b>Green Cove Springs FL 32043</b>	
TITLE	<b>DS</b>	<input type="checkbox"/> Delete
NAME	<b>Davidson, Wilbur H.</b>	
STREET ADDRESS	<b>272 Fleming Drive</b>	
CITY-ST-ZIP	<b>Green Cove Springs FL 32043</b>	
TITLE	<b>DT</b>	<input type="checkbox"/> Delete
NAME	<b>Glenn E. Freeman</b>	
STREET ADDRESS	<b>312 Center Street</b>	
CITY-ST-ZIP	<b>Green Cove Springs, FL 32043</b>	
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	<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: **Jenny D Freeman** **DP**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**904 284 4004**

Daytime Phone #

CR2E034 (9/99)