

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90039 031 ***150.00

DOCUMENT # L27705

1. Entity Name

J.O.W., INC.

Principal Place of Business

C/O JESSE O. WOLFF
3124 SOUTHWEST 28TH STREET
OKEECHOBEE FL 34974

Mailing Address

C/O JESSE O. WOLFF
3124 SOUTHWEST 28TH STREET
OKEECHOBEE FL 34974

2. Principal Place of Business

2735 S.W. 26th Ave.
 Suite, Apt. #, etc.

3. Mailing Address

2735 S.W. 26th Ave.
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Okeechobee, Florida

City & State

Okeechobee, Florida

4. FEI Number

59-2975141

Applied For

Not Applicable

Zip

34974

Country

Okeechobee

Zip

34974

Country

Okeechobee

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WOLFF, JESSE O.
3124 SOUTHWEST 28TH STREET
OKEECHOBEE FL 34974

7. Name and Address of New Registered Agent

Name

JESS C. WOLFF

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

2735 S.W. 26th Avenue

City

Okeechobee

FL

Zip Code

34974

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

Jesse C. Wolff
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/26/01

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, 2001 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	<input checked="" type="checkbox"/> Delete
NAME	WOLFF, JESSE O.	
STREET ADDRESS	3124 SW 28TH STREET	
CITY-ST-ZIP	OKEECHOBEE FL	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jess C. Wolff	
STREET ADDRESS	2735 S.W. 26th Avenue	
CITY-ST-ZIP	Okeechobee, Florida 34974	
TITLE	VP/SEC/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kimberly P. Wolff	
STREET ADDRESS	2735 S.W. 26th Avenue	
CITY-ST-ZIP	Okeechobee, Florida 34974	
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:

Jesse C. Wolff
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/01
 Date

823-427-7475
 Daytime Phone #

CR2E034 (10/00)