

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L41913

1. Entity Name

JACARANDA GAS & WASH, INC.

Principal Place of Business

10261 W. BROWARD BLVD.
PLANTATION FL 33324
US

Mailing Address

10261 W. BROWARD BLVD
PLANTATION FL 33324-2114
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0178830

Applied For

Not Applicable

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

COSTELLO, JAMES J., JR.
700 NW 100TH TERRACE
PLANTATION FL 33324

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DV	<input type="checkbox"/> Delete
NAME	COOK, KEVIN C.	
STREET ADDRESS	13030 N.W. 5TH STREET	
CITY-ST-ZIP	PLANTATION FL	
TITLE	DP	<input type="checkbox"/> Delete
NAME	COSTELLO, JAMES J., JR.	
STREET ADDRESS	700 NW NW 100TH TERRACE	
CITY-ST-ZIP	PLANTATION FL	
TITLE	DVT	<input type="checkbox"/> Delete
NAME	MILLER, JEREL	
STREET ADDRESS	9830 SW 15TH DRIVE	
CITY-ST-ZIP	DAVIE FL	
TITLE	DS	<input type="checkbox"/> Delete
NAME	COSTELLO, JAMES J., SR.	
STREET ADDRESS	6801 NW 6TH CT	
CITY-ST-ZIP	PLANTATION 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"/> 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	DVT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, JEREL M.	
STREET ADDRESS	900 Grovesmere Loop	
CITY-ST-ZIP	Ocoee, FL 34761	
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

Date

Daytime Phone #

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90174 010 ***158.75



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)