

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jun 12, 2000 8:00 am
Secretary of State

06-12-2000 90031 027 ***150.00

DOCUMENT # L60349

1. Entity Name

JACQUES DOYLE, INC.

Principal Place of Business

% JACQUES DOYLE
4412 VAN BUREN ST
HOLLYWOOD FL 33021
US

Mailing Address

% THOMAS DOYLE
4421 VAN BUREN ST
HOLLYWOOD FL 33021-7239
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

4412 VAN BUREN STR.

Suite, Apt. #, etc.

City & State

HOLLYWOOD FL 33021-7239

Zip

Country

U.S.A.

4. FEI Number

65-0349645

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

DOYLE, THOMAS
4412 VAN BUREN ST
HOLLYWOOD FL 33021

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	PVP	<input type="checkbox"/> Delete
NAME	DOYLE, TOMMY	
STREET ADDRESS	4412 VAN BUREN	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	S/T	<input type="checkbox"/> Delete
NAME	DOYLE, TAMMY	
STREET ADDRESS	4412 VAN BUREN	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
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"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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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

4-26-00 954 966 9711

Date

Daytime Phone #

CR2E034 (9/99)