

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 18, 2000 8:00 am**  
**Secretary of State**

01-18-2000 90064 045 \*\*\*150.00

**DOCUMENT # L68787**

1. Entity Name

**JEWETT, INC.**

Principal Place of Business

Mailing Address

3721 SW 47TH COURT  
 FORT LAUDERDALE FL 33312-413  
 US

777 BAYSWATER COURT  
 WALNUT CREE CA 94598-4662  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0188730**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**JEWETT, BRUCE H.**  
**3721 SOUTHWEST 47TH COURT**  
**FT. LAUDERDALE FL 33312**

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<b>DT</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JEWETT, HARLAN E.</b>	NAME	
STREET ADDRESS	<b>5853 DEERVIEW LANDE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>MEDINA OH 44256</b>	CITY-ST-ZIP	
TITLE	<b>DS</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JEWETT, DELORES G.</b>	NAME	
STREET ADDRESS	<b>5853 DEERVIEW LANE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>MEDINA OH 44256</b>	CITY-ST-ZIP	
TITLE	<b>PD</b> <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JEWETT, BRUCE H.</b>	NAME	
STREET ADDRESS	<b>3721 SW 47TH COURT</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL</b>	CITY-ST-ZIP	<b>33312-5413</b>
TITLE	<b>DV</b> <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SYME, JENNIFER J.</b>	NAME	
STREET ADDRESS	<b>235 W. FRIENDSHIP ST</b>	STREET ADDRESS	<b>8393 westfield Place</b>
CITY-ST-ZIP	<b>MEDINA OH</b>	CITY-ST-ZIP	<b>Seville, OH 44273</b>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Bruce Jewett - President Bruce H. Jewett**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**01-05-00**

Date

**(954) 989-8384**

Daytime Phone #