

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2000 8:00 am
Secretary of State

05-12-2000 90027 001 ***150.00

DOCUMENT # L77391

1. Entity Name

JEAN'S SAFETY & SUPPLY, INC.

Principal Place of Business

Mailing Address

**4444 E BROADWAY
C/O JEAN M. MUELLER
TAMPA FL 33605
US**

**4444 E BROADWAY
C/O JEAN M. MUELLER
TAMPA FL 33605-4608
US**

2. Principal Place of Business

5100 BURCHETTE

3. Mailing Address

5100 BURCHETTE

Suite, Apt. #, etc.

#605

Suite, Apt. #, etc.

#605

City & State

TAMPA, FL

City & State

TAMPA, FL

Zip

Country

33647 Hillsborough

Zip

Country

33647 Hillsborough

4. FEI Number

65-0199101

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

**DALSANT, LORENE J
6930 EVANS WAY
WESLEY CHAPEL FL 33544**

Name

JEAN M. MUELLER

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

5100 BURCHETTE

#605

City

Tampa

FL

Zip Code

33647

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 **JEAN M. MUELLER**

Signature, typed or printed name of registered agent and title if applicable

Jean M Mueller

(NOTE: Registered Agent signature required when reinstating)

4-28-00

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 **P** ☐ Delete
NAME **MUELLER, JEAN M.**
STREET ADDRESS **4444 E BROADWAY**
CITY-ST-ZIP **TAMPA FL**

TITLE ☒ Change ☐ Addition
NAME **5100 BURCHETTE**
STREET ADDRESS **TAMPA, FL**
CITY-ST-ZIP **33647**

TITLE **ST** ☒ Delete
NAME **DALSANT, LORENE J**
STREET ADDRESS **6930 EVANS WAY**
CITY-ST-ZIP **WESLEY CHAPEL FL 33544**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **ST** ☐ Delete
NAME **GREGORY J. MUELLER**
STREET ADDRESS **5100 BURCHETTE**
CITY-ST-ZIP **TAMPA, FL 33647**

TITLE ☐ Change ☒ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Delete
NAME ☐ Delete
STREET ADDRESS ☐ Delete
CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Delete
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STREET ADDRESS ☐ Delete
CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Delete
NAME ☐ Delete
STREET ADDRESS ☐ Delete
CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

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: **JEAN M. MUELLER**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-00

Date

888-733-7330

Daytime Phone #

CR2E034 (9/99)