

2000 UNIFORM BUSINESS REPORT (UBR)

0420687

DOCUMENT # L84426

1. Entity Name

JAYCEE, INC.

Principal Place of Business

Mailing Address

2004 DURHAM ST
TAMPA FL 33605
US

PO BOX 5238
TAMPA FL 33675-5238
US

FILED

00 APR 27 PM 4:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1302 N. 19th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 300

City & State

City & State

Tampa, FL

Zip

Country

Zip

Country

33605

USA

4. FEI Number

59-3037160

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

CAPITANO, JOSEPH JR
2004 DURHAM ST
TAMPA FL 33605

Name

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

1302 N. 19th St., Ste. 300

City

Tampa

FL

Zip Code

33605

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	DP	☐ Delete
NAME	CAPITANO, JOSEPH, SR.	
STREET ADDRESS	2004 DURHAM ST	
CITY-ST-ZIP	TAMPA FL	
TITLE	VP	☐ Delete
NAME	CAPITANO, FRANK D.	
STREET ADDRESS	2004 DURHAM ST.	
CITY-ST-ZIP	TAMPA FL	
TITLE	ST	☐ Delete
NAME	CAPITANO, JOSEPH JR.	
STREET ADDRESS	2004 ST.	
CITY-ST-ZIP	TAMPA FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	☒ Change ☐ Addition
NAME	
STREET ADDRESS	1302 N. 19th St., Ste. 300
CITY-ST-ZIP	Tampa, FL 33605
TITLE	☒ Change ☐ Addition
NAME	
STREET ADDRESS	1302 N. 19th St., Ste. 300
CITY-ST-ZIP	Tampa, FL 33605
TITLE	☒ Change ☐ Addition
NAME	
STREET ADDRESS	1302 N. 19th St., Ste. 300
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TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ 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 #

4-24-00 (813) 247-3741

CR2E034 (9/99)