

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L93463

1. Entity Name

JAYPEN, INC.

FILED

Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90054 029 ***158.75

Principal Place of Business

Mailing Address

934 CAMDEN AVE.
PALM BAY FL 32907
US

934 CAMDEN AVE.
PALM BAY FL 32950-4337
US

2. Principal Place of Business

1711 Flamevine PL.

3. Mailing Address

1711 Flamevine PL.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Malabar FL.

City & State
Malabar FL.

4. FEI Number 59-3021663

Applied For
Not Applicable

Zip
32950

Country
USA

Zip
32950

Country
USA

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

COX, DALE
BRAY, BECK & KOETTNER
1901 S. HARBOR CITY BLVD.
MELBOURNE FL 32901

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
NAME
STREET ADDRESS
CITY-ST-ZIP
P
WILSON, GEORGE M
934 CAMDEN AVE. NW
PALM BAY FL 32907
☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
Wilson George M
1711 Flamevine PL
Malabar FL 32950
☒ Change ☐ Addition
Address

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
WILSON, PENNY I
934 CAMDEN AVE. NW
PALM BAY FL 32907
☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
Wilson Penny I
1711 Flamevine PL.
Malabar FL. 32950
☒ Change ☐ Addition
Address

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP
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☐ Delete

TITLE
NAME
STREET ADDRESS
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:

George M Wilson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)