

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2001 8:00 am
Secretary of State
 05-09-2001 90006 030 ***150.00

0380475

DOCUMENT # M91310

1. Entity Name

JC & SC, INC.

Principal Place of Business

14907 HWY 60 E
 LAKE WALES FL 33853
 US

Mailing Address

14907 HWY 60 E
 LAKE WALES FL 33853
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2905129**

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

FUIST, RICHARD
 824 INDIAN LAKE DR
 P O BOX 7762
 INDIAN LAKE ESTATES FL 33855

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, 2001 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	PT	<input type="checkbox"/> Delete
NAME	FUIST, RICHARD A	
STREET ADDRESS	824 INDIAN LAKE DR	
CITY-ST-ZIP	INDIAN LAKE ESTATES FL 33855	
TITLE	VP	<input type="checkbox"/> Delete
NAME	FUIST BONNIE,	
STREET ADDRESS	824 INDIAN LAKE DR	
CITY-ST-ZIP	INDIAN LAKES ESTATES FL 33855	
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Delete
NAME	CORDELLO, SARA-JO	
STREET ADDRESS	POST OFFICE NOX 7333 N/A	
CITY-ST-ZIP	INDIAN LAKE EST. FL	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2112 JONATHAN LN	
STREET ADDRESS	WINTER HAVEN, FL 33884	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAME AS ABOVE	
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		
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

4-20-01

Date

843-692-9125

Daytime Phone #

CR2E034 (10/00)