

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M94432

1. Entity Name

J. RABIT, INC.

FILED
Feb 08, 2000 8:00 am
Secretary of State

02-08-2000 90049 011 ***150.00

Principal Place of Business

Mailing Address

13170-41 ATLANTIC BLVD.
JACKSONVILLE FL 32225

13170-41 ATLANTIC BLVD.
JACKSONVILLE FL 32225-4150

80013690



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 26-3809090

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

HEHN, WILLIAM J
395 HARTWELL TERRACE
JACKSONVILLE, FL 32225-

32250

4483 COQUINA DR

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 P
NAME HEHN, WILLIAM J
STREET ADDRESS 395 HARTWELL TERR
CITY-ST-ZIP JACKSONVILLE FL 32225 see above

TITLE VP
NAME HEHN, TRUDY E.
STREET ADDRESS 395 HARTWELL TERR
CITY-ST-ZIP JACKSONVILLE FL 32225 see above

TITLE ST
NAME HEHN, RANDAL W.
STREET ADDRESS 1012 WESTDALE DR
CITY-ST-ZIP JACKSONVILLE FL 32211 HC2 BOX 62 BRYCEVILLE F

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP 32009

TITLE
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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/00

Date

904 221-8382

Daytime Phone #