

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M96384

1. Entity Name

JEN-LOU, INC.

FILED
Jan 29, 2000 8:00 am
Secretary of State

01-29-2000 90022 020 ***150.00

Principal Place of Business

Mailing Address

% ALVIN R. MAZOUREK

% ALVIN R. MAZOUREK

~~509 COLONIAL DR~~

~~509 COLONIAL DR~~

BROOKSVILLE FL 34601

BROOKSVILLE FL 34601-1204



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

124 South Main St.

3. Mailing Address

124 South Main St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2944985

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

MAZOUREK, ALVIN R.

~~509 COLONIAL DRIVE~~

BROOKSVILLE FL 34601

Name

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

124 South Main Street

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.

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**\$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

DP

MAZOUREK, ALVIN R.

509 COLONIAL DRIVE

BROOKSVILLE FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D

MAZOUREK, GEORGE C.

11395 COUNTY LINE ROAD

BROOKSVILLE FL

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

D

TAYLOR, SHARON O.

13209 OLD CRYSTAL RIV.RD

BROOKSVILLE FL

☐ Delete

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☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Alvin R. Mazourek 1-26-2000 352-796-2583