

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M98385

1. Entity Name

PRIORITY INVESTMENTS OF JUPITER, INC.

FILED
Apr 06, 2000 8:00 am
Secretary of State

04-06-2000 90001 010 ***150.00

Principal Place of Business 2581 JUPITER PARK DRIVE SUITE E-13 JUPITER FL 33458 US	Mailing Address 2581 JUPITER PARK DRIVE SUITE E13 JUPITER FL 33458-4321 US
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2. Principal Place of Business 560 Center Street Suite, Apt. #, etc. Suite 1 City & State Jupiter, Florida Zip 33458	Country Palm Beach	3. Mailing Address 560 Center Street Suite, Apt. #, etc. Suite 1 City & State Jupiter, Florida Zip 33458	Country Palm Beach
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DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0071772	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

GOOGE, HOWARD E.
P.O. BOX 66
401 E. OSCEOLA STREET
STUART FL 34994

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV BARNES, LISA 2581 JUPITER PARK DRIVE E13 JUPITER FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ANDERSON, DON 2581 JUPITER PARK DRIVE, #E13 JUPITER FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ANDERSON, DON 560 Center Street, Suite 1 Jupiter, FL 33458 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Don Anderson*
Don Anderson, President

03/30/00

(561) 744-9977

Date

Daytime Phone #

CR2E034 (9/99)