

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 06, 2001 8:00 am
Secretary of State

04-06-2001 90008 002 ***150.00

0069459

DOCUMENT # P00000003049

1. Entity Name

JAKE BROTHERS, INC.

Principal Place of Business

1633 SOUTH KIRKMAN RD. #184
ORLANDO FL 32811

Mailing Address

1633 SOUTH KIRKMAN RD. #184
ORLANDO FL 32811

2. Principal Place of Business

3788 A Silver Star Rd.

3. Mailing Address

3788A Silver Star Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Orlando, FL

4. FEI Number

59-3619954

Applied For

Not Applicable

Zip

32808

Country

USA

Zip

32808

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FONNER, JAMES R
1633 SOUTH KIRKMAN RD, #184
ORLANDO FL 32811

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

James Robert Fonner
Signature, typed or printed name of registered agent, and file if applicable.

V. Pres.

(NOTE: Registered Agent signature required when reinstating)

4/3/2001

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

TITLE	John President	<input type="checkbox"/> Delete
NAME	John G. Gravlee	
STREET ADDRESS	1426 Moorland Ct.	
CITY-ST-ZIP	Longwood, FL 32750	
TITLE	Vice President	<input type="checkbox"/> Delete
NAME	James Robert Fonner	
STREET ADDRESS	1633 S. Kirkman Rd. #184	
CITY-ST-ZIP	Orlando, FL 32811	
TITLE	Corporate Secretary	<input type="checkbox"/> Delete
NAME	Brenda S. Fonner	
STREET ADDRESS	1633 S. Kirkman Rd. #184	
CITY-ST-ZIP	Orlando, FL 32811	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
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		
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

James Robert Fonner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James Robert Fonner

04/03/01

407-522-8740

Date

Daytime Phone #

CR2E034 (10/00)