

**2001. UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P00000010564**

1. Entity Name

**JAWAWRAP CAFE, INC.**

Principal Place of Business

**1701-1011 THE GREENS WAY  
JACKSONVILLE BEACH FL 32250**

Mailing Address

**1701-1011 THE GREENS WAY  
JACKSONVILLE BEACH FL 32250**

2. Principal Place of Business

**4004 S3RD STREET**

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

**JACKSONVILLE BCH FL**

City &amp; State

4. FEI Number

**59-3620568**

Applied For

Not Applicable

Zip

Country

**32250-5848****USA**

Zip

Country

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**ARNOLD, STANLEY W  
1701-1011 THE GREENS WAY  
JACKSONVILLE BEACH FL 32250**

7. Name and Address of New Registered Agent

Name  
**GEORGE M ARNOLD**

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

**1701-1011 THE GREENS WAY**City  
**JACKSONVILLE BEACH****FL**Zip Code  
**32250**

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, printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**2/12/2001**

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PRESIDENT  
STANLEY W ARNOLD  
1701-1011 The Greens Way  
Jacksonville Bch Fl 32250** ☒ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PRESIDENT  
GEORGE M ARNOLD  
1701-1011 The Greens Way  
Jacksonville Bch Fl 32250** ☒ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
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☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ 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:

 **GEORGE M. ARNOLD** **2/12/2001** **(904) 246-2700**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**May 10, 2001 8:00 am**  
**Secretary of State**

05-10-2001 90120 042 \*\*\*150.00

**760759**

DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)