

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000028970

1. Entity Name  
JOSEPH G. JARRET, P.A.

**FILED**  
**Feb 07, 2001 8:00 am**  
**Secretary of State**

02-07-2001 90141 030 \*\*\*150.00

Principal Place of Business  
COLONIAL SQUARE BLDG., SUITE 201  
65 THIRD STREET N.W.  
WINTER HAVEN FL 33881

Mailing Address  
POST OFFICE BOX 5265  
LAKE LAND FL 33807



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
510 South Broadway  
Suite, Apt. #, etc.

3. Mailing Address  
P.O. Box 730  
Suite, Apt. #, etc.

City & State  
Bartow, Florida

City & State  
Bartow, Florida

4. FEI Number  
59-3641016

Applied For  
Not Applicable

Zip Country  
33830 USA

Zip Country  
33831-0730 USA

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

HARRET, JOSEPH G  
COLONIAL SQUARE BLDG., SUITE 201  
65 THIRD STREET N.W.  
WINTER HAVEN FL 33881

Name  
Joseph G. Jarret  
Street Address (P.O. Box Number is Not Acceptable)  
510 South Broadway  
City Bartow FL Zip Code 33830

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 Joseph G. Jarret

2/5/01

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D  
NAME JARRETT, JOSEPH G  
STREET ADDRESS 65 THIRD STREET N.W., SUITE 201  
CITY-ST-ZIP WINTER HAVEN FL 33881 ☒ Delete

TITLE D  
NAME Jarret, Joseph G.  
STREET ADDRESS 510 South Broadway  
CITY-ST-ZIP Bartow, FL 33830 ☒ Change ☐ Addition

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/01 (863) 534-8838

Date

Daytime Phone #

CR2E034 (10/00)