

2001 UNIFORM BUSINESS REPORT (UBR)

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

02-07-2001 90141 030 ***150.00

DOCUMENT # P00000028970

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

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

Mailing Address
POST OFFICE BOX 5265
LAKELAND 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 <input checked="" type="checkbox"/> Delete
NAME	JARRETT, JOSEPH G
STREET ADDRESS	65 THIRD STREET N.W., SUITE 201
CITY-ST-ZIP	WINTER HAVEN FL 33881
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	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jarret, Joseph G.
STREET ADDRESS	510 South Broadway
CITY-ST-ZIP	Bartow, FL 33830
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:

2/5/01 (863) 534-8838

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)