

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2001 8:00 am
Secretary of State

0437376

DOCUMENT # P00000031822

1. Entity Name,

J.F. DESHLER ENTERPRISES, INC.

03-21-2001 90006 038 ***150.00

Principal Place of Business

**1212 SE MANTH LANE
 PORT ST LUCIE FL 34983**

Mailing Address

**1212 SE MANTH LANE
 PORT ST LUCIE FL 34983**

2. Principal Place of Business

5208 Turnpike Feeder Rd

3. Mailing Address

Suite, Apt. #, etc.

City & State

Fort Pierce FL

City & State

Zip

34951

Country

USA

Zip

Country

4. FEI Number

65-0990838

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**GALANTE, EDWARD B
 516 CAMDEN AVE
 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

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

TITLE **PSD** ☐ Delete
 NAME **DESHLER, JOHN F**
 STREET ADDRESS **1212 MANTH LANE**
 CITY-ST-ZIP **PORT ST LUCIE FL 34983**

TITLE **VTD** ☐ Delete
 NAME **DESHLER, CAROLYN F**
 STREET ADDRESS **1212 MANTH LANE**
 CITY-ST-ZIP **PORT ST LUCIE FL 34983**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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:

Carolyn Deshler VP

Date

1/22/01

Daytime Phone #

561489-2270

CR2E034 (10/00)