2001 UNIFORM BUSINESS REPORT (URB)

2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P00000034910							FILED Aug 20, 2001 8:00 am Secretary of State					
1. Entity Name						Secretary of State						
J.B. PA	VERS, INC.						08-20-2001					
Principal Place 4527 SW 9TH	ce of Business AVE.	Mailing Address 4527 SW 9TH AVE.										
CAPE CORAL	FL 33914	CAPE CORAL FL 33914					A	00821	16			
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2. Principal Place of Business 3. Mailing Address 7.0. Box 7												
Suite, Apt		Suite, Apt. #, etc.		1	_		DO NOT WR	ITE IN THIS S	PACE			
City & Sta	te de la constant de	City & State			4.	FEI Numbe	er 4000		I I Ar	oplied For	7	
CAPE (CORALI PL	NORTH P	Count	<u>H</u>		FEI Number	10993	999	No	ot Applicable	1.	
3390	4 LEE	-34287 -	*	·y			of Status Desired	F	8.75 Add ee Require			
	6. Name and Address of Current R	egistered Agent		Name	7.	Name and	Address of New	Registered A	gent			
	res, marta a 7 SW 9th ave.		}	Street Add	lress (P.O.	Box Number	er is Not Acceptab	le)			1	
CAP	E CORAL FL 33914		ŀ						.		1	
•			f	City				FL	Zip Cod	e	{	
8. The above	named entity submits this statement for t	the purpose of changing its	registere	d office or re	gistered a	gent, or bot	h, in the State of F		_		1	
SIGNATURE												
SIGNATURE	Signature, typed or printed name of registered agent and	d title if applicable. (NOTE	: Registered	Agent signature r	required when	reinstating)		DATE		-		
-	pration is eligible to satisfy its Intangible requirement and elects to do so.	FILE NOW! After MAY 1, 20				10. Ele	ction Campaign F	inancing	\$5.0	O May Be		
-	ria on back)	Make Check Payab				Tru	st Fund Contributi	on. \square		l to Fees		
11.	OFFICERS AND D		12.	1	Al	DDITIONS/	CHANGES TO OF	FICERS AND			6	
NAME	DORES, MARTA A	☐ Delete	TITLE NAME		_	.			Change	☐ Addition	34 (10/00)	
STREET ADDRESS CITY-ST-ZIP	4527 SW 9TH AVE. CAPE CORAL FL 33914		STREE	T ADDRESS			10th A	je 3390.	4		034 (
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NAME STREET ADDRESS	DORES, MARTA A 4527 SW 9TH AVE.		NAME			_			_ •	_		
CITY-ST-ZIP	CAPE CORAL FL 33914	* −		T ADDRESS ST-ZIP	SAME.	AS.	ABOVE					
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TITLE	***************************************	☐ Delete	TITLE						Change	Addition		
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CITY-ST-ZIP			CITY-S				er van					
TITLE NAME		☐ Delete	TITLE NAME						Change	☐ Addition		
STREET ADDRESS			STREET	ADDRESS								
13. I hereby o	ertify that the information supplied with th	is filing does not qualify for	the exem	ntion stated	in Section	119.07/3/6). Florida Statutes	Lfurther certif	v that the in	formation		
of the cor	on this report or supplemental report is tr poration or the receiver or trustee empow or on an attachment with an address, wit	ue and accurate and that m ered to execute this report a	v elanatii	ra chall have	the came	Logal offers	on if mode under	anthu that I am	a an afficar	ar director		

SIGNATURE:

Machmet A0082144 # P000000349[0

Cape Coral-FL, July 19, 2001.

FLORIDA DEPARTMENT OF STATE REINSTATEMENT DEPARTMENT DIVISION OF CORPORATIONS P.O. BOX 6327 TALLAHASSEE - FL - 32314

To Whom It May Concern:

I would like to inform you that I have a Profit-Corporation by the following name:

J.B. PAVERS, INC. Doc. # P0000034910

When I looked up this Incorporation on the Internet I noticed that the Uniform Business Report, was not filed for this year. I then quickly called my OLD ACCOUNTANT and asked him the reason why this had happened. He then told me that since he never received the Annual Report for this year, that it wasn't necessary to file them. So of course I quickly changed accountants and I am now trying to solve this problem.

Since this wasn't my fault, I would like to ask you to please wave the Reinstatement Fee, as I am sending you the total amount of US\$ 150.00, which includes this years' fee plus the completed Form. I would like to ask you to please consider this, and file this UBR Form as soon as possible.

If there is any other necessary information concerning this matter, please feel free to contact me. Thank you.

Sincerely,

J.B. PAVERS, INC.

Marta A. Dores

President

P.O. Box 7434

North Port, FL 34287