

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90679 050 ***150.00

DOCUMENT # P00000036130

1. Entity Name

J.R. Services, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3560 3rd Ave S.W.

Suite, Apt. #, etc.

3. Mailing Address

3560 3rd Ave S.W.

Suite, Apt. #, etc.

City & State

Naples

Zip

34117

Country

USA

City & State

Naples

Zip

34117

Country

USA

4. FEI Number

65-1011406

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Mendez, Jorge L

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

3560 3rd Ave S.W.

City Naples

FL

Zip Code

34117

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PVDC
MENDEZ, JORGE L
3560 3rd Ave
Naples, FL 34117

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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CR2E034B (12/02)

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/03

305-887-4185

Date

Daytime Phone #