

2001 UNIFORM BUSINESS REPORT (UBR)

4/3

FILED
May 23, 2001 8:00 am
Secretary of State

04-30-2001 90352 007 ***150.00

DOCUMENT # P00000040708

1. Entity Name

JELLYFISH U.S., INC.

Principal Place of Business

587 PLANTATION DR
 PORT ST JOE FL 32456

Mailing Address

587 PLANTATION DR
 PORT ST JOE FL 32456

2. Principal Place of Business

2830 E. 1st Court

Suite, Apt. #, etc.

3. Mailing Address

2830 E. 1st Court

Suite, Apt. #, etc.

City & State

Panama City FL

City & State

Panama City

Zip

32401

Country

Bay

Zip

32401

Country

Bay

4. FEI Number

59-3655989

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STOPKA, ALBERT J III
 108 MOSLEY DR
 LYNN HAVEN FL 32444

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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: PRES
 NAME: ROGER R NEWTON
 STREET ADDRESS: 2830 E. 1st Court
 CITY-ST-ZIP: Panama City FL 32401

☐ Delete

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE:
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 CITY-ST-ZIP:
☐ Change ☐ Addition

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☐ Change ☐ Addition

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 files empowered.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-01

Date

850-872-6279

Daytime Phone #

CR2E034 (10/00)