

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90146 018 ***150.00

DOCUMENT # P00000049353

1. Entity Name

JLM SNACKS SERVICE, INC.

Principal Place of Business

3225 S. MACDILL AVENUE
 SUITE 129.22
 TAMPA FL 33629

Mailing Address

3225 S. MACDILL AVENUE
 SUITE 129.22
 TAMPA FL 33629

60044765



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3225 S. MacDill Avenue

3. Mailing Address

3225 S. MacDill Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 129-222

129-222

City & State

City & State

Tampa Florida

Tampa Florida

4. FEI Number

59-3647077

Applied For

Not Applicable

Zip

Country

Zip

Country

33629 USA

33629 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

**MOONEY, JENNIFER
 3146 EUCLID AVENUE
 TAMPA FL 33629**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	MOONEY, JENNIFER	
STREET ADDRESS	3225 S. MACDILL AVENUE	
CITY-ST-ZIP	TAMPA FL 33629	
TITLE	D	<input type="checkbox"/> Delete
NAME	MOONEY, LOUIS	
STREET ADDRESS	3225 S. MACDILL AVENUE	
CITY-ST-ZIP	TAMPA FL 33629	
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	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mooney, Jennifer	
STREET ADDRESS	3146 Euclid Avenue	
CITY-ST-ZIP	Tampa, FL 33629	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mooney, Louis	
STREET ADDRESS	3146 Euclid Avenue	
CITY-ST-ZIP	Tampa, FL 33629	
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:

Jennifer Mooney Jennifer Mooney

Date

Daytime Phone #

4/26/01 813-831-6040

CR2E034 (10/00)