

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000050508

1. Entity Name

JOLLY'S INC.

Principal Place of Business

5390 US HWY. 1
KEY WEST FL 33040

Mailing Address

5390 US HWY. 1
KEY WEST FL 33040

2. Principal Place of Business

5390 US Hwy #1
Suite, Apt. #, etc.

3. Mailing Address

5390 US Hwy #1
Suite, Apt. #, etc.

City & State

Key West FL.

City & State

Key West, FL.

Zip

33040

Country

MONROE

Zip

33040

Country

MONROE

4. FEI Number

65-1021919

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPOTTSWOOD, WILLIAM B ESQ
500 FLEMING ST
KEY WEST FL 33040

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 ☐ Delete
NAME D
STREET ADDRESS JOLLY, MICHAEL M
CITY-ST-ZIP 5390 US HWY. 1
KEY WEST FL 33040

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 SEC. R. SUSAN JOLLY
STREET ADDRESS 5390 US Hwy #1
CITY-ST-ZIP Key West, FL. 33040

TITLE ☐ Change ☒ Addition
NAME V. P. Jonathan S. Jolly
STREET ADDRESS 5390 US Hwy #1
CITY-ST-ZIP Key West, FL. 33040

TITLE ☐ Change ☒ Addition
NAME V. P. Michael C. Jolly
STREET ADDRESS 5390 US Hwy #1
CITY-ST-ZIP Key West, FL. 33040

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

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

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 25, 2001 8:00 am
Secretary of State

01-25-2001 90234 014 ***158.75

704087



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

01-04-01 305
292-9870