

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000053466

1. Entity Name

JEM 2000, INC.

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90148 013 ***150.00

Principal Place of Business

Mailing Address

11034 RIVERSIDE ROAD
LEESBURG FL 34788

11034 RIVERSIDE ROAD
LEESBURG FL 34788

2. Principal Place of Business

11034 Riverside Rd
Suite, Apt. #, etc.

3. Mailing Address

11034 Riverside Rd.
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Leesburg, FL
Zip 34788 Lake

City & State

Leesburg, FL
Zip 34788 Lake

4. FEI Number

59-3649424

Applied For

Not Applicable

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

MURPHY, JUNE E
11034 RIVERSIDE ROAD
LEESBURG FL 34788

Name

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

City

None - No changes
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 NAME STREET ADDRESS CITY-ST-ZIP	D MURPHY, JUNE E 11034 RIVERSIDE ROAD LEESBURG FL 34788 <i>No change</i>	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 like empowered.

SIGNATURE:

Jane E. Murphy, Director
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-2001
Date

352-315-4120
Daytime Phone #

CR2E034 (10/00)