

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90119 011 ***150.00

DOCUMENT # P00000081760
1. Entity Name J. Cadmus Enterprises Inc.

Principal Place of Business
Mailing Address

2. Principal Place of Business 1011 27th Ave. W.
3. Mailing Address 1011 27th Ave. W.
Suite, Apt. #, etc.

City & State Palmetto, FL
City & State Palmetto, FL
Zip 34221
Country USA

4. FEI Number 65-1036719
Applied For ☐ **Not Applicable**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
Cadmus, Melvin J. II
1011 27th Ave. W.
Palmetto, FL 34221

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 _____ (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	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	Cadmus, Melvin J. II	
CITY - ST - ZIP	1011 27th Ave. W. Palmetto, FL 34221	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY - ST - ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: _____ **4/13/01 941-729-5151**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone**

CR2E034 (11/00)