

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 18, 2002 8:00 am
Secretary of State

07-18-2002 90128 028 ***150.00

DOCUMENT # P00000103079

1. Entity Name

JIFFY ENTERPRISES, INC.

Principal Place of Business

**418 13TH STREET
 ST. CLOUD FL 34769**

Mailing Address

**418 13TH STREET
 ST. CLOUD FL 34769**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

58-2580637

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

**PATEL, BABUBHAI N
 418 13TH STREET
 ST. CLOUD FL 34769**

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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	PSD PATEL, BABUBHAI N 2035 WEST HARTBRIDGE TERRACE WINTER HAVEN FL 33880	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD PATEL, NARANBHAI 2035 WEST HARTBRIDGE TERRACE WINTER HAVEN FL 33880	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/15/02

863-212-1651

Date

Daytime Phone #

CR2E034 (4/02)

Attachment P000000103079
122073

JIFFY ENTERPRISES, INC.
418 13TH STREET
ST CLOUD, FL 34769

July 12, 2002

Secretary of State
Division of Corporation
P.O.Box 6327
Tallahassee FL 32314

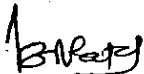
Ref:- Document # P00000103079
Sub:- Waiver of penalty

Dear Sir/Madam,

With reference to above, I undersigned BABUBHAI N PATEL ,
President of JIFFY ENTERPRISES, INC. would like to request you to
waive the penalty for non-payment of Annual Filing Fees for 2002
on the following grounds.

We never received the Annual Filing Form for 2002, may be lost in
the mail due to old address, which was not forwarded to us.
Unfortunatley, I never realized that I did not pay the annual
filing fee for 2002 as I did not received the Filing Form for
2002. In this bad economy, our business is very slow, we can not
afford to pay penalty. I would like to request you to waive the
penalty on the basis of lack of knowledge and misunderstandings
& hardship.

I assure you that this is not going to happen in the future, if I
will receive the Form on or before due date. Please waive the
penalty on the basis of lack of knowledge, misunderstanding, and
undue hardship. Thanking you in advance for your cooperation.
Sorry for the inconvenience that caused to you.
Sincerely,



(BABUBHAI N PATEL)

encl:- 2002 UBR with check