

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 11, 2002 8:00 am
Secretary of State

09-11-2002 90060 040 ***150.00

DOCUMENT # **PO1000052755**

1. Entity Name

KJ Holdings of Ft. Myers INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2341 Willard St

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 6735

Suite, Apt. #, etc.

City & State

Ft. Myers, Florida

City & State

Ft. Myers, FL

Zip

33901

Country

Lee

Zip

33911

Country

Lee

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

Kerline Jean Baptiste

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

6308 Panther Lane #E4

City

Ft. Myers

FL

Zip Code

33919

**DO NOT WRITE
IN THIS SPACE**

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]

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)

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 STREET ADDRESS CITY-ST-ZIP	Renewal
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Kerline Jean Baptiste 6308 Panther Lane apt E4 Ft. Myers FL 33901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Suzanne Jean 2341 Willard St Ft. Myers FL 33901
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/29/02

Date

(239) 418-0080

Daytime Phone #

239 707 9584

CR2E034B (12/01)

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P01000025355**

1. Entity Name

JVR, INC.

Principal Place of Business

4719 LODESTONE DRIVE
TAMPA FL 33615

Mailing Address

4719 LODESTONE DRIVE
TAMPA FL 33615

2. Principal Place of Business

8480 W. Hillsborough Ave
Suite, Apt. #, etc.

3. Mailing Address

8480 W. Hillsborough Ave.
Suite, Apt. #, etc.

City & State

TAMPA FL

City & State

TAMPA FL

4. FEI Number

52-2299920

Applied For

Not Applicable

Zip

33615

Country

FLORIDA

Zip

33615

Country

U.S.A.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

PEREZ, JUANA
4719 LODESTONE DRIVE
TAMPA FL 33615

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

Juana Perez
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, 2002 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	<input type="checkbox"/> Delete D PEREZ, JUANA 4719 LODESTONE DRIVE TAMPA FL 33615
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete D VILLALOBOS, MOISES 322 SETH PL ROCKVILLE MD 20850
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete D PEREZ, CARMEN 4719 LODESTONE DRIVE TAMPA FL 33615
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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"/> Change <input type="checkbox"/> Addition

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SIGNATURE:

Juana Perez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)