

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 05, 2002 8:00 am
Secretary of State

09-05-2002 90042 036 ***558.75

DOCUMENT # P01000072977

1. Entity Name
JENKINS-MOATS WINDOW SPECIALISTS, INC.

Principal Place of Business

**5533 ALPHA AVE
 JACKSONVILLE FL 32205**

Mailing Address

**5533 ALPHA AVE
 JACKSONVILLE FL 32205**

2. Principal Place of Business

8526 W 5TH AVE

3. Mailing Address

P.O. Box 0604

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hilliard, FL 32046

City & State

Hilliard, FL 32046

Zip

Country

32046 Nassau

Zip

Country

32046 Nassau

4. FEI Number

59-3733694

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

JENKINS, MICHAEL-B

8526 W 5TH AVE

HILLIARD FL 32046-0604

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 ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME **President**
 STREET ADDRESS **Michael B. Jenkins**
 CITY-ST-ZIP **8526 W 5TH AVE Hilliard, FL 32046**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME **James P. Moats**
 STREET ADDRESS **Vice President**
 CITY-ST-ZIP **5533 Alpha Ave Jacksonville, FL 32205**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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 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: **Michael B. Jenkins**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-30-02 901 545-8820
 Date Daytime Phone #

CR2E034 (4/02)