

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000001661

1. Entity Name

JEFFREY MITCHELL LABORATORIES, INC.

FILED

Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90018 036 ***150.00

Principal Place of Business

Mailing Address

701 LAKE AVE.
LAKE WORTH FL 33460

701 LAKE AVE.
LAKE WORTH FL 33401-4619

2. Principal Place of Business

3. Mailing Address

312 CLEMATIS,

312 CLEMATIS ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 407

SUITE 407

City & State

City & State

W. Palm Bch FL

W. Palm Bch, FL

Zip

Country

Zip

Country

33401

USA

33401

USA

6. Name and Address of Current Registered Agent

4. FEI Number

65-0382876

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

Name

JEFFREY H. DIAMOND

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

312 CLEMATIS ST, SUITE 407

City

W. Palm Bch, FL

FL

Zip Code

33401

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, 2000 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 ☐ Delete
NAME D
STREET ADDRESS DIAMOND, JEFFREY H
CITY-ST-ZIP 3474 S. OCEAN BLVD. #10
PALM BEACH FL 33480

TITLE ☐ Delete
NAME D
STREET ADDRESS SCHLOSSMAN, MITCHELL H
CITY-ST-ZIP 3474 S. OCEAN BLVD. #10
PALM BEACH FL 33480

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JEFFREY H. DIAMOND 4/5/2000
Date Daytime Phone #