

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000043586

1. Entity Name

JETT AND ASSOCIATES, INCORPORATED

**FILED**  
**Mar 22, 2000 8:00 am**  
**Secretary of State**

03-22-2000 90060 024 \*\*\*150.00

Principal Place of Business

Mailing Address

2223 TRESPOTT DR  
TALLAHASSEE FL 32312

2223 TRESPOTT DR  
TALLAHASSEE FL 32351-5756

00046111

2. Principal Place of Business

2891 Juniper Creek Rd.

3. Mailing Address

2891 Juniper Creek Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Quincy FL

City & State

Quincy FL

4. FEI Number

59-3188560

Applied For

Not Applicable

Zip

32351

Country

USA

Zip

32351

Country

USA

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

JETT, SARAH J  
2223 TRESPOTT DR  
TALLAHASSEE FL 32312

Name

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

2891 Juniper Creek Rd.

City

Quincy

FL

Zip Code

32351

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS JETT, SARAH J. 2223 TRESPOTT DRIVE TALLAHASSEE FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS Jett, Sarah J. 2891 Juniper Creek Rd. Quincy, FL 32351	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JETT SR., W. LLOYD 2223 TRESPOTT DRIVE TALLAHASSEE FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Jett, Sr., W. Lloyd 2891 Juniper Creek Rd. Quincy, FL 32351	<input checked="" 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
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:

*Sarah J. Jett*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/00

Date

850-442-9084

Daytime Phone #

CR2E034 (9/99)