

2601 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000055202

1. Entity Name

JEFF'S CARPENTRY AND TRIM, INC.

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90164 043 ***150.00

0006753

Principal Place of Business

1111 BUTTERMILK LN
PORT ORANGE FL 32119
US

Mailing Address

1111 BUTTERMILK LN
PORT ORANGE FL 32119
US

00045822



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3199677

Applied For

Not Applicable

Zip

Country

Zip

Country

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

WHITLOCK, JEFFREY L
1111 BUTTERMILK LN
PORT ORANGE FL 32119

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

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, 2001 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 DP
NAME WHITLOCK, JEFFREY L
STREET ADDRESS 1111 BUTTER MILK LN
CITY-ST-ZIP PORT ORANGE FL

☐ Delete

TITLE S
NAME Tracy Huth
STREET ADDRESS 766 Horseman Dr.
CITY-ST-ZIP Port Orange, FL 32127

☐ Change ☒ Addition

TITLE DS
NAME CAMPBELL, DIONISIO
STREET ADDRESS 3800 EMILIA DR
CITY-ST-ZIP DAYTONA BCH SHORES FL

☒ Delete

TITLE T
NAME Whitlock, Jeffrey L
STREET ADDRESS 1111 Buttermilk Ln.
CITY-ST-ZIP Port Orange, FL 32119

☐ Change ☒ Addition

TITLE T
NAME SMITH, MIKE
STREET ADDRESS 4800 OLD KINGS RD
CITY-ST-ZIP FLAGLER BCH FL

☒ Delete

TITLE V
NAME Smith, Mike
STREET ADDRESS 4800 Old Kings Rd.
CITY-ST-ZIP Flagler Beach, FL

☐ Change ☒ Addition

TITLE V
NAME MASSING, KENNY
STREET ADDRESS 2830 QUEEN PALM
CITY-ST-ZIP PORT ORANGE FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ 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:

Jeffrey L Whitlock

Jeffrey Lee Whitlock 4/24/01 386-760-0312

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)