

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000058062

1. Entity Name

JAYKAY DISTRIBUTORS, INC.

Principal Place of Business

512 LAKE SHORE DR.  
MAITLAND FL 32751

Mailing Address

512 LAKE SHORE DR.  
MAITLAND FL 32751

2. Principal Place of Business

727 1/2 EDGEWATER DR.

Suite, Apt. #, etc.

3. Mailing Address

727 1/2 EDGEWATER DR.

Suite, Apt. #, etc.

City & State  
ORLANDO, FL

City & State  
ORLANDO, FL

Zip  
32804

Country  
US

Zip  
32804

Country  
US

4. FEI Number 59-3188718

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

CRAGO, JUDITH T  
512 LAKE SHORE DR.  
MAITLAND FL 32751

Name

L. COHEN

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

727 1/2 EDGEWATER DR.

City

ORLANDO,

FL

Zip Code  
32804

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 fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-26-01

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
CRAGO, JUDITH T  
512 LAKE SHORE DR.  
MAITLAND FL 32751

☒ 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  
PDS  
L. COHEN  
727 1/2 EDGEWATER DR.  
ORLANDO, FL 32804  
☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

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☐ Change ☐ Addition

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-01

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)