

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 30, 2001 08:00 AM**
Secretary of State**DOCUMENT # P93000082494**1. Entity Name
JB2, INC.**Principal Place of Business**FAR AWAY PLACES TRAVEL
3236 EAST BAY DRIVE
HOLMES BEACH
34217

FL

Mailing AddressFAR AWAY PLACES TRAVEL
3236 EAST BAY DRIVE
HOLMES BEACH
34217

FL

2. Principal Place of Business
FAR AWAY PLACES TRAVEL3. Mailing Address
FAR AWAY PLACES TRAVELSuite, Apt. #, etc.
120 HAMMOCK RDSuite, Apt. #, etc.
120 HAMMOCK RDCity & State
ANNA MARIA

FL

City & State
ANNA MARIA

FL

Zip
34216

Country

Zip
34216

Country

4. FEI Number
65-0468290

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentBERGBOM JOHN N
3236 EAST BAY DRIVEHOLMES BEACH
34217

FL

US

7. Name and Address of New Registered Agent

Name

BERGBOM JOHN N

Street Address (P.O. Box Number is Not Acceptable)
120 HAMMOCK RDCity
ANNA MARIA

FL

Zip Code
34216

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 **JOHN N BERGBOM****04/30/2001**

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**TITLE D ☐ Delete
NAME BERGBOM JANICE G
STREET ADDRESS 120 HAMMOCK ROAD
CITY-ST-ZIP ANNA MARIA FL 34216TITLE D ☐ Delete
NAME BERGBOM JOHN N
STREET ADDRESS 120 HAMMOCK ROAD
CITY-ST-ZIP ANNA MARIA FL 34216TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
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: JOHN N BERGBOM

DIRE

04/30/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)