

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2003 8:00 am
Secretary of State

04-23-2003 90115 047 ***150.00

DOCUMENT # P94000013610

1. Entity Name
UNION JACK, INC.



Principal Place of Business
**15920 LAKE CANDLEWOOD DRIVE
FT. MYERS FL 33908**

Mailing Address
**15920 LAKE CANDLEWOOD DRIVE
FT. MYERS FL 33908**

55043700



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

PO BOX 08423

Suite, Apt. #, etc.

PO BOX 08423

City & State

FT. MYERS FL

City & State

FT. MYERS FL

4. FEI Number

65-0471163

Applied For

Not Applicable

Zip

33908

Country

Zip

33908

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

**PENTITH, DEANNA L
15920 LAKE CANDLEWOOD DRIVE
FT. MYERS FL 33908**

Name

A. Simon Pentith

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

PO BOX 08423

*** 15920 LAKE CANDLEWOOD DRIVE**

City

FT. MYERS

FL

33908

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-22-03

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **PENTITH, A S**
STREET ADDRESS **15920 LAKE CANDLEWOOD DRIVE**
CITY-ST-ZIP **FT. MYERS FL 33908**

TITLE **VPT** ☒ Delete
NAME **PENTITH, DEANNA L**
STREET ADDRESS **15920 LAKE CANDLEWOOD DR**
CITY-ST-ZIP **FT. MYERS FL 33908**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT** ☒ Change ☐ Addition
NAME **PENTITH, A. S.**
STREET ADDRESS **PO BOX 08423**
CITY-ST-ZIP **FT. MYERS FL 33908**

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-03 (239) 275 1615

Date

Daytime Phone #

CR2E034 (10/02)