

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State
 05-23-2001 90199 007 ***150.00

DOCUMENT # P9400001511

1. Entity Name
JUPITER DRIVE-ON, INC.

Principal Place of Business **Mailing Address**

240 JUPITER STREET **240 JUPITER STREET**
JUPITER FL 33458 **JUPITER FL 33458**

2. Principal Place of Business **3. Mailing Address**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State **City & State**

Zip **Country** **Zip** **Country**

4. FEI Number
65-0477104

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

Name
DEBORAH C. PATTERSON

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

City **FL** **Zip Code**
JUPITER **33458**

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 **SEC./TREAS. DEBORAH C. PATTERSON** **DATE** **4/30/01**

(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **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 PD	NAME LOONEY, KEVIN M	TITLE	NAME
STREET ADDRESS 240 JUPITER STREET	CITY-ST-ZIP JUPITER FL 33458	STREET ADDRESS	CITY-ST-ZIP
TITLE VD	NAME PATTERSON, GARY	TITLE	NAME
STREET ADDRESS 240 JUPITER STREET	CITY-ST-ZIP JUPITER FL 33458	STREET ADDRESS	CITY-ST-ZIP
TITLE STD	NAME PATTERSON, DEBORAH C	TITLE	NAME
STREET ADDRESS 240 JUPITER STREET	CITY-ST-ZIP JUPITER FL 33458	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	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 reports 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: **DEBORAH C. PATTERSON** **S/T/DIR.** **4/30/01** **744-0743**

(Signature, typed or printed name of signing officer or director) Date Office Phone #

CR2E034 (10/00)