

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000054712

1. Entity Name

PICKWICK PAPERS SUPPLIES & EQUIPMENT, INC.

**FILED**  
**May 04, 2000 8:00 am**  
**Secretary of State**

05-04-2000 90232 025 \*\*\*150.00

Principal Place of Business

Mailing Address

1681 KENNEDY CAUSEWAY  
 100 A  
 N. BAY VILLAGE FL 33141  
 US

PO BOX 403026  
 MIAMI BEACH FL 33140-1026  
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1720 KENNEDY CAUSEWAY  
 Suite, Apt. #, etc.  
 STE 107 E

Suite, Apt. #, etc.

City & State  
 N BAY VILLAGE FL

City & State

Zip  
 33141

Country  
 USA

Zip

Country

4. FEI Number 65-0542144

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

JACOBS, JEFFREY A  
 2330 PONCE DE LEON BLVD.  
 SUITE 201  
 CORAL GABLES FL 33134

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, 2000 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

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP JACOBS, JERRY A 1681 KENNEDY CAUSEWAY, STE. 100A N. BAY VILLAGE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

Date

Daytime Phone #

CR2E034 (9/99)