## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT #

P94000069409

Mailing Address 6325 BIG DADDY DR.

PANAMA CITY BEACH FL 32407

1. Entity Name

J. JEVNE, INC.

6325 BIG DADDY DR.

Principal Place of Business

PANAMA CITY BEACH FL 32407



## FILED Mar 12, 2003 8:00 am Secretary of State

03-12-2003 90353 001 \*\*\*300.00

CHECK HERE IF MAKING CHANGES

2. Principal Place of Business			3. Mailing Address								
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & State	3		City & State			<b>4.</b> FE	4. FEI Number 59-3300829			Applicable	
Zip Country Zip			Zip	p Country			5. Certificate of Status Desired S8.75 Additional Fee Required				
	6. Name and Ad	dress of Current Regis	stered Agent			7. N	ame and Address of New Regi	stered Ag	ent		
			Name	7- #	mental and the second	٠					
BURTON, DOROTHY J					Street Address (P.O. Box Number is Not Acceptable)						
6325 BIG DADDY DRIVE											
PANAMA (	CITY FL 32407										
			City	· ·		FL	Zip Code				
8. The above the obligati	named entity submit ons of registered ag	ts this statement for the ent.	purpose of changing its	register	ed office or regi	stered age	nt, or both, in the State of Florid	a. 1 am far	niliar with, a	ind accept	
SIGNATURE -	Signature, typed or printed i	name of registered agent and title	if applicable. (NOTE	: Registere	d Agent signature rec	quired when rein	nstating)	DATE			
FI After	LE NOW!!! FEE May 1, 2003 Fee	IS \$150.00					Election Campaign Finan Trust Fund Contribution.		Added	May Be to Fees	
10.		OFFICERS AND DIRE	CTORS	11.		ADI	DITIONS/CHANGES TO OFFICE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BURTON, DORO 6325 BIG DADDY PANAMA CITY B	/ DR.	☐ Delete				·		Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		i i			[	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	STR	E  ME  EET ADDRESS  Y-ST-ZIP		- <u>-</u> - ···. ·. <del>-</del> .	<b>~</b>	Change	Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete				110 07/2Vi) Floride Statutos I fi		Change	Addition	

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: