## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## FILED Jan 29, 2000 8:00 am Secretary of State DOCUMENT # **P94000073046** DP - JET, INC. 01-29-2000 90127 032 \*\*\*150.00 Mailing Address Principal Place of Business SOIT GRAND CENTRAL LAY. TOT GRAND/CENTRAL CLEARWATER FL 33756-3409 CLEARWATER FL 34616 2. Principal Place of Business 609 Pinellas Street 3. Mailing Address PO Box 2517 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0536635 Not Applicable FLClearwater FLClearwater Country Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 33757-2517 33756 Pinellas Pinellas 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent John E Tayler Street Address (P.O. Box Number is Not Acceptable) 609 Pinellas Street TAYLER, JOHN E 601 GRAND CENTRAL CLEARWATER FL 34616 Zip Code 33756 Clearwater 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 John E Tayler SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Addition ☐ Delete TITLE. TITLE John E Tayler NAME NAME TAYLER, JOHN E 609 Pinellas Street STREET ADDRESS STREET ADDRESS **601 GRAND CENTRAL** CITY-ST-ZIP Clearwater FL 33756 CITY-ST-ZIP **CLEARWATER FL 34616** X Change ☐ Addition ☐ Delete TITLE TITLE David G Perkins, Jr PERKINS, DAVID G JR. NAME NAME 609 Pinellas Street STREET ADDRESS STREET ADDRESS 601 GRAND CENTRAL CITY-ST-ZIP Clearwater FL 33756 CITY-ST-ZIP ~ **CLEARWATER FL 34616** Change | ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change \_ x + ++++ TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP □ -----☐ Change TITLE ☐ Delete TITLE NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS I hereby certify that the information supplied with the 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 frue and accurate and bar 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 employeed to execute this toport 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, which all other live impowered.