

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000003438

1. Entity Name

JAB INVESTMENTS, INC.

FILED
Mar 30, 2000 8:00 am
Secretary of State

03-30-2000 90109 034 ***150.00

Principal Place of Business

Mailing Address

1301 RIVERPLACE BLVD. STE. 2552
JACKSONVILLE FL 32207

1301 RIVERPLACE BLVD. STE. 2552
JACKSONVILLE FL 32207-9031

2. Principal Place of Business

3. Mailing Address

6950 Phillips Highway
Suite 6

6950 Phillips Highway
Suite 6

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Jacksonville, Florida

Jacksonville, Florida

Zip

Country

Zip

Country

32216

Duval

32216

Duval



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3301761

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

ALLEN, LAURA H
1301 RIVERPLACE BLVD STE 2552
JACKSONVILLE FL 32207

Name

Allen, Laura H
Street Address (P.O. Box Number is Not Acceptable)

6950 Phillips Highway

Suite 6

City

Jacksonville

FL

Zip Code

32216

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

TITLE PTS
NAME ALLEN, JOHN J
STREET ADDRESS 1301 RIVERPLACE BLVD. STE. 2552
CITY-ST-ZIP JACKSONVILLE FL 32207

TITLE PTS
NAME Allen, John J
STREET ADDRESS 6950 Phillips Highway Suite 6
CITY-ST-ZIP Jacksonville, Florida 32216

TITLE VPD
NAME WALCHLE, BART
STREET ADDRESS 1502 ROBERTS DRIVE
CITY-ST-ZIP JACKSONVILLE BEACH FL 32250

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME ALLEN, JOHN J
STREET ADDRESS 1301 RIVERPLACE BLVD STE 2552
CITY-ST-ZIP JAX FL 32207

TITLE D
NAME Allen, John J
STREET ADDRESS 6950 Phillips Highway Suite 6
CITY-ST-ZIP Jacksonville, Florida 32216

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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 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 19/99