

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000010826

1. Entity Name

J.P. DISTRIBUTORS INCORPORATED

FILED

Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90026 048 ***150.00

Principal Place of Business

Mailing Address

1524 ROSEWOOD
CLEARWATER FL 33755

7960 OAK HILL DRIVE
SIMMES AL 36575-4522

2. Principal Place of Business

3. Mailing Address

120 COMMERCIAL BLVD

120 COMMERCIAL BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 2

SUITE 2

City & State

City & State

Oldsmar FL

Oldsmar FL

Zip

Country

Zip

Country

34677

USA

34677

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3298754

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PERKO, RONALD
1524 ROSEWOOD ST
CLEARWATER FL 33755

Name

PERKO, RONALD

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

120 COMMERCIAL BLVD

SUITE 2

City

Oldsmar

FL

Zip Code

34677

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

RONALD PERKO

(NOTE: Registered Agent signature required when reinstating)

DATE

4/15/00

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	PD	<input type="checkbox"/> Delete
NAME	PERKO, ANGELIA	
STREET ADDRESS	7960 OAK HILL DR	
CITY-ST-ZIP	SEMMES AL 36575	
TITLE	VD	<input type="checkbox"/> Delete
NAME	PERKO, JUSTINE	
STREET ADDRESS	7960 OAK HILL DR	
CITY-ST-ZIP	SEMMES AL 36575	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	PERKO, RONALD	
STREET ADDRESS	1524 ROSEWOOD ST	
CITY-ST-ZIP	CLEARWATER FL 33755	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERKO, RONALD	
STREET ADDRESS	120 COMMERCIAL BLVD	
CITY-ST-ZIP	Oldsmar FL 34677	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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:

RONALD PERKO

Date

Daytime Phone #

4/15/00 813-854-1526