

9901 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000022904

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JENNINGS INC.

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90189 030 ***150.00

Place of Business Mailing Address
 5711 GOLDEN EAGLE CIRCLE
 PALM BEACH GARDENS FL 33418

Place of Business 3. Mailing Address

Apt. #, etc. Suite, Apt. #, etc.

State City & State

4. FEI Number **65-0566125**

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

JENNINGS, SUE A
 5711 GOLDEN EAGLE CIRCLE
 PALM BEACH GARDENS FL 33418

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SUE A JENNINGS President 3-28-00
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

corporation is eligible to satisfy its Intangible Tax requirement and elects to do so. (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

OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

P JENNINGS, SUE A 5711 GOLDEN EAGLE CIR. PALM BCH. GARDENS FL 33418	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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by 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 created 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: SUE A JENNINGS President 3/28/00 561-627-2794
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)