

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000023395

1. Entity Name

JEB PROPERTIES, INC.

FILED

Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90058 037 ***158.75

Principal Place of Business

1547 FLORIDA MANGO RD. NORTH
BUILDING 11, UNIT 3
WEST PALM BEACH FL 33409

Mailing Address

BOX 15454
BUILDING 11, UNIT 3
W PALM BEACH FL 33416
US

2. Principal Place of Business

3. Mailing Address

Box 15454

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
WPB, FL.

4. FEI Number

65-0566626

Applied For

Not Applicable

Zip

Country

Zip
33416

Country
PB

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

MOORE, JAMES B
1547 FLORIDA MANGO RD. NORTH
BUILDING 11, UNIT 3
WEST PALM BEACH FL 33409

Name

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

City

FL

Zip Code

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, 2001 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
NAME PD
STREET ADDRESS MOORE, JAMES B
CITY-ST-ZIP 3410 EMBASSY DR.
WEST PALM BCH FL 33401

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME STD
STREET ADDRESS MOORE, JAMES B
CITY-ST-ZIP 3410 EMBASSY DR
WEST PALM BEACH FL 33401

☐ Delete

TITLE
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STREET ADDRESS
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CITY-ST-ZIP

☐ Change ☐ Addition

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

James B. Moore

1-20-01

561-697-0039

Date

Daytime Phone #

CR2E034 (10/00)