

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000025359

1. Entity Name

J & B WHOLESALEERS, INC.

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90032 031 ***158.75

Principal Place of Business

Mailing Address

4248 D W ROADS DR
W PALM BCH FL 33407
US

5736 HOMELAND RD
~~SUITE 128~~
LAKE WORTH FL 33467-8463
US

2. Principal Place of Business

1231 West 13th St.

3. Mailing Address

5736 HOMELAND RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

RIVERIA BEACH FLA.

City & State

LAKE WORTH FL.

4. FEI Number

65-0567311

Applied For

Not Applicable

Zip

33404

Country

USA

Zip

33467

Country

USA

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

WOODARD, ROBERT
5736 HOMELAND RD.
LAKEWORTH FL 33467

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

R. Woodard

ROBERT WOODARD

3-19-2000

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 ☐ Delete
NAME D
STREET ADDRESS WOODARD, ROBERT
CITY-ST-ZIP 5736 HOMELAND RD
LAKE WORTH FL 33467

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME D
STREET ADDRESS WOODARD, CAROL W
CITY-ST-ZIP 5736 HOMELAND RD
LAKE WORTH FL 33467

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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:

R. Woodard

ROBERT WOODARD

3-19-2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #