

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000043173

1. Entity Name

JEWEL ANTIQUE MALL, INC.

**FILED**  
**Apr 18, 2000 8:00 am**  
**Secretary of State**

04-18-2000 90172 006 \*\*\*150.00

Principal Place of Business

Mailing Address

2601 JEWEL ROAD  
BELLEAIR BLUFFS FL 33770  
US

2601 JEWEL ROAD  
BELLEAIR BLUFFS FL 33770-1741

2. Principal Place of Business

2601 JEWEL ROAD

3. Mailing Address

2601 JEWEL ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

BELLEAIR BLUFFS, FL

City & State

BELLEAIR BLUFFS, FL

4. FEI Number

59-3349241

Applied For

Not Applicable

Zip

33770

Country

PINELLAS

Zip

33770-1741

Country

PINELLAS

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

Name

SPENCER, LEONARD J  
111 24TH ST  
BELLEAIR BEACH FL 33786

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, 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 SPENCER, LEONARD J  
CITY-ST-ZIP 111 24TH STREET  
BELLEAIR BEACH FL

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

TITLE ☐ Delete  
NAME P  
STREET ADDRESS SPENCER, JANIS B  
CITY-ST-ZIP 111 24TH STREET  
BELLEAIR BEACH FL 33786

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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TITLE ☐ Delete  
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CITY-ST-ZIP

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

SPENCER, LEONARD J. SPENCER 12 APRIL 00 (727) 585-5568

CR2E034 (9/99)