

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P 95000043717**

1. Entity Name

**Jet Stream Distributors, Inc.**

FILED

01 APR 26 AM 11:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

**3446-B 42 Ave SW  
Gainesville FL 32608**

**7229 NW 4 Blvd.  
Gainesville FL 32607**

2. Principal Place of Business

3. Mailing Address

**3446-B SW 42 Ave.  
Suite, Apt. #, etc.**

**7229 NW 4 Blvd  
Suite, Apt. #, etc.**

City & State

City & State

**Gainesville FL**

**Gainesville FL**

Zip

Country

Zip

Country

**32608**

**USA**

**32607**

**USA**

**AMENDED UBR**

4. FEI Number

**59-3319138**

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

**Martin, Donna W.  
7229 NW 4 Blvd.  
Gainesville FL 32607**

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!!  
After MAY 1, 2001  
Make Check Payable**

**FEE IS \$150.00  
Fee will be \$550.00  
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	<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"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VTD Martin, Donna W</b>
STREET ADDRESS	<b>611 SW 80 Blvd.</b>
CITY-ST-ZIP	<b>Gainesville FL 32607</b>
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PD Martin, Jeff</b>
STREET ADDRESS	<b>8690 Great Pine Ln W.</b>
CITY-ST-ZIP	<b>Jacksonville FL 32244</b>
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SD Gardiner, Brian</b>
STREET ADDRESS	<b>2386 Dundee Crt E</b>
CITY-ST-ZIP	<b>Orange Park FL 32065</b>
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 I am an officer or director of the corporation or the receiver or trustee empowered to execute this report changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**Donna W Martin**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

**Vice-President**  
DIRECTOR

**1/30/01**  
Date

**352 332-8822**  
Daytime Phone #

CR2E034 (11/00)