

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 05, 2000 8:00 am
Secretary of State

06-05-2000 90025 030 ***150.00

DOCUMENT # P95000048919

1. Entity Name
JACK HEUSER ENTERPRISES, INC.

Principal Place of Business

Mailing Address

~~44 LANDING LN~~
 DEFUNIAK SPRINGS FL 32433

44 LANDING LN
 DEFUNIAK SPRINGS FL 34609-8557

2. Principal Place of Business
15275 Highfield Rd
 Suite, Apt. #, etc.
Brooksville FL

3. Mailing Address
15275 Highfield Rd
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State
Brooksville FL

4. FEI Number
59-3322158

Applied For
 Not Applicable

Zip
34609

Country
USA

Zip
34609

Country
USA

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
HEUSER, JACK
~~44 LANDING LANE~~
~~DEFUNIAK SPRINGS FL 32433~~

7. Name and Address of New Registered Agent
 Name **Heuser, Jacob**
 Street Address (P.O. Box Number is Not Acceptable)
15275 Highfield Rd.
 City **Brooksville** State **FL** Zip Code **34609**

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 **Jacob Heuser, Pres.**
 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.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HEUSER, JACK 44 LANDING LANE DEFUNIAK SPRINGS FL 32433 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T HEUSER, JAMES 44 LANDING LANE DEFUNIAK SPRINGS FL 32433 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Heuser, Jack 15275 Highfield Rd Brooksville FL 34609 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T Heuser James 15275 Highfield Rd Brooksville FL 34609 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: **Jacob Heuser, Pres.** **Jacob Heuser** (352) 05/24/00 797 6135
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1-99)