

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P95000056199**

1. Entity Name

**JESSE LORE ENTERPRISES, INC.**

Principal Place of Business

**13611 OLD FARM DRIVE  
TAMPA FL 33625**

Mailing Address

**13611 OLD FARM DRIVE  
TAMPA FL 33625-1627**

2. Principal Place of Business

**7409 Alta Loma Ave.**

3. Mailing Address

**12088 Anderson Rd**

Suite, Apt. #, etc.

**Suite 129**

Suite, Apt. #, etc.

**Suite 129**

City & State

**Tampa FL**

City & State

**Tampa FL**

Zip

**33625**

Country

**US**

Zip

**33625**

Country

**USA**

4. FEI Number

**59-3326944**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525**

7. Name and Address of New Registered Agent

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, 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 **PVST** ☐ Delete

NAME **LORE, JESSE D SR.**  
STREET ADDRESS **13611 OLD FARM DRIVE**  
CITY-ST-ZIP **TAMPA FL 33625**

TITLE **T** ☐ Delete

NAME **LORE, STEPHANIE**  
STREET ADDRESS **12088 ANDERSON RD., #129**  
CITY-ST-ZIP **TAMPA FL 33625**

TITLE **V** ☐ Delete

NAME **LORE, JESSE D JR**  
STREET ADDRESS **13611 OLD FARM DR**  
CITY-ST-ZIP **TAMPA FL**

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
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: **Jesse Lore, Jr.** **JESSE LORE, JR.** **PRESIDENT**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **3/29/00** Daytime Phone # **(813) 265-1178**

CR2E034 (9/99)

**FILED**  
**Apr 03, 2000 8:00 am**  
**Secretary of State**  
04-03-2000 90127 002 \*\*\*150.00



DO NOT WRITE IN THIS SPACE