

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 16, 2001 8:00 am**  
**Secretary of State**

03-16-2001 90006 031 \*\*\*150.00

DOCUMENT # **P95000058411**

1. Entity Name

**JAEORE INTERNATIONAL INC.**

Principal Place of Business

**9619 BAY VISTA ESTATES BLVD.  
ORLANDO FL 32836**

Mailing Address

**9619 BAY VISTA ESTATES BLVD.  
ORLANDO FL 32836-6317**

2. Principal Place of Business

**10725 BOCA POINTE DR.**

Suite, Apt. #, etc.

3. Mailing Address

**10725 BOCA POINTE DR.**

Suite, Apt. #, etc.

City & State

**ORLANDO FLORIDA**

City & State

**ORLANDO FLORIDA**

Zip  
**32836**

Country  
**USA**

Zip  
**32836**

Country  
**USA**

4. FEL Number

**65-0601841**

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

**EVANS, STEPHEN W  
9619 BAY VISTA ESTATES BLVD.  
ORLANDO FL 32836**

Name

**STEVE EVANS**

Street Address (P.O. Box Number is Not Acceptable)

**10725 BOCA POINTE DR.**

City

**ORLANDO**

FL

Zip Code  
**32836**

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 **STEVE EVANS**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**03/14/01**

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PSD  
EVANS, STEPHEN W  
9619 BAY VISTA ESTATES BLVD.  
ORLANDO FL 32836** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**10725 BOCA POINTE DR  
ORLANDO FL 32836** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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: **STEVE EVANS** **03/14/01**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**407-909-9669**

CR2E034 (9/99)