

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P95000077053**

1. Entity Name

JAKS DISTRIBUTORS, INC.

Principal Place of Business

Mailing Address

4178 NW 55TH PL 5849 WINDSOR TERRACE 4178 NW 55TH PL 5849 WINDSOR TERRACE
BOCA RATON FL 33496 BOCA RATON FL 33496

2. Principal Place of Business

3. Mailing Address

5849 WINDSOR TERRACE 5849 WINDSOR TERRACE
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State

City & State

BOCA RATON, FL. BOCA RATON, FL.
Zip Country Zip Country
33496 Palm Beach 33496 Palm Beach

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STONE, JEFFREY I
4178 N.W. 55TH PLACE
BOCA RATON FL 33496

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, 2001 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	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
PTSD	STONE, JEFFREY	4178 NW 55TH PL	BOCA RATON FL 33496	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
V	STONE, KIM E	4178 NW 55TH PL	BOCA RATON FL 33496	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
				<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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-5-01

Date

(561) 989-8977

Daytime Phone #

FILED
Jan 12, 2001 8:00 am
Secretary of State

01-12-2001 90033 012 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0618137

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

CR2E034 (10/00)