

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000079814

1. Entity Name
JUPITER SAND AND ROCK, INC.

Principal Place of Business
10389 159TH CT NORTH
JUPITER FL

Mailing Address
6671 W INDIAN TOWN ROAD
56-194
JUPITER FL
US

2. Principal Place of Business

3. Mailing Address
PMB #194

Suite, Apt. #, etc.

Suite, Apt. #, etc.
6671 W Indian Town Rd #56

City & State,

City & State
Jupiter FL

Zip

Country

Zip
33458

Country
Palm Beach

6. Name and Address of Current Registered Agent

MCKENZIE, ROBERT
10389 159TH CT NORTH
JUPITER FL

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 ☐ Delete
NAME D
STREET ADDRESS MCKENZIE, ROBERT
CITY-ST-ZIP 10389 159TH CT NORTH
JUPITER FL

TITLE ☐ Delete
NAME D
STREET ADDRESS BUDEMEIER, GLEN
CITY-ST-ZIP 10389 159TH CT NORTH
JUPITER FL

TITLE ☐ Delete
NAME D
STREET ADDRESS MCKENZIE, KATHLEEN
CITY-ST-ZIP 10389 159TH CT NORTH
JUPITER 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
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-13-2000

Date

561-747-5286

Daytime Phone #

FILED
Sep 18, 2000 8:00 am
Secretary of State

09-18-2000 90149 048 ***558.75

A0073430



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0614421

Applied For
Not Applicable

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