## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED Feb 04, 2000 8:00 am Secretary of State DOCUMENT # P95000080021 1. Entity Name JB REALTY OF SRQ, INC. 02-04-2000 90031 013 \*\*\*150.00 Principal Place of Business Mailing Address 5310 HUNTINGTON COURT 5310 HUNTINGTON COURT C/O GERALD L. BOEVE C/O GERALD L. BOEVE SARASOTA FL 34235 SARASOTA FL 34235 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0565402 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BOEVE, GERALD L Street Address (P.O. Box Number is Not Acceptable) 5310 HUNTINGTON COURT SARASOTA FL'34235 City 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11, OFFICERS AND DIRECTORS 12 TITLE Ti Change ☐ Addition ☐ Delete TITLE BOEVE, GERALD L. NAME NAME 5310 HUNTINGTON COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP SARASOTA FL 34235 Change | Addition Delete BOEVE, DONNA M. NAME NAME STREET ADDRESS 5310 HUNTINGTON COURT STREET ADDRESS CITY-ST-ZIP ( ) CITY-ST-7IP SARASOTA FL 34235 TITLE ☐ Delete TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITLE ☐ Defete TITLE ☐ Change A 1 412 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Delete TITLE TITLE [] Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CitY-St-7IP

changed, or on an attachment with SIGNATURE:

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 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 discontinuous of the corporation or the receiver or trastee empowered to execute his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR