

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000080033

1. Entity Name

JARROD ENTERPRISES, INC.

Principal Place of Business

Mailing Address

~~20110 S.R. 54~~  
LUTZ FL 33549

~~20110 S.R. 54~~  
LUTZ FL 33549

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

1165 Wisper Run Ct

Suite, Apt. #, etc.

P.O. Box 830

City & State

LUTZ, FL

City & State

LUTZ, FL

Zip

33549

Country

USA

Zip

33548

Country

USA

4. FEI Number 59-3343145

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MOHAMMED, EM  
~~20110 S.R. 54~~  
LUTZ FL 33549

7. Name and Address of New Registered Agent

Name Em Mohammed

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

1165 Wisper Run Ct.

City

LUTZ

FL

Zip Code

33549

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

Em Mohammed

Signature, typed or printed name of registered agent and title is acceptable.

(NOTE: Registered Agent signature required when reinstating)

1/8/01

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, 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

TITLE P ☐ Delete  
NAME MOHAMMED, EM  
STREET ADDRESS 1165 WISPER RUN CT.  
CITY-ST-ZIP LUTZ FL 33549

TITLE V ☐ Delete  
NAME KIPP, RENEE E  
STREET ADDRESS 1165 WHISPER RUN CT.  
CITY-ST-ZIP LUTZ FL 33549

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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  
NAME  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
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:

Renee E. Kipp

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/01

Date

813-949-8296

Daytime Phone #

CR2E034 (10/00)

0624743

FILED  
Jan 16, 2001 8:00 am  
Secretary of State

01-16-2001 90069 017 \*\*\*150.00

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DO NOT WRITE IN THIS SPACE