

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000089704

1. Entity Name

S&J ENTERPRISES OF ORLANDO, INC.

FILED
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90099 005 ***150.00

Principal Place of Business

Mailing Address

998 JOSIANE CT
STE 1061
ALTAMONTE SPRINGS FL 32701
US

998 JOSIANE COURT
STE 1061
ALTAMONTE SPGS FL 32701-3664
US

2. Principal Place of Business

3. Mailing Address

1206 N. CR 427
Suite, Apt. #, etc.

1206 N. CR 427
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

Longwood FL
Zip 32750-3018 Country

Longwood FL
Zip 32750-3018 Country

4. FEI Number

59-3360060

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

MCGRODER, PATRICK J
998 JOSIANE COURT
STE 1061
ALTAMONTE SPGS FL 32701

Name

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

1206 N. CR 427

City

Longwood

FL

Zip Code

32750-3018

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, 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	D	<input type="checkbox"/> Delete
NAME	MCGRODER, PATRICK J	
STREET ADDRESS	955 SILVERTON LOOP	
CITY-ST-ZIP	LAKE MARY FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCGRODER, CHRISTINE A	
STREET ADDRESS	955 SILVERTON LOOP	
CITY-ST-ZIP	LAKE MARY FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	1206 N. CR 427
CITY-ST-ZIP	Longwood FL 32750-3018
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	1206 N. C.R. 427
CITY-ST-ZIP	Longwood FL 32750-3018
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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

Date

Daytime Phone #

CR2E034 (9/99)