

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000091371

1. Entity Name

JENNY'S SHIPS N TRIPS INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90175 033 ***150.00

Principal Place of Business

5390 SPRINGHILL DRIVE
 SPRING HILL FL 34606
 US

Mailing Address

5390 SPRINGHILL DRIVE
 SPRING HILL FL 34611-3268
 US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

PO Box 3268

Suite, Apt. #, etc.

City & State
 Spring Hill FL

Zip
 34611

Country
 Honduras



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3349096

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

CARPENTER, VIRGINIA A
 3165 HARROW RD
 SPRING HILL FL 34606

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

TITLE	PT	<input type="checkbox"/> Delete
NAME	CARPENTER, VIRGINIA A	
STREET ADDRESS	4051 CENTAVO CT	
CITY-ST-ZIP	SPRING HILL FL 34607	
TITLE	VS	<input type="checkbox"/> Delete
NAME	CARPENTER, JOHN H	
STREET ADDRESS	4051 CENTAVO CT	
CITY-ST-ZIP	SPRING HILL FL 34607	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	CARPENTER, JOHN J	
STREET ADDRESS	6709 WINDWARD VIEW	
CITY-ST-ZIP	ROWLETT TX	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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)