

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000091371

1. Entity Name

JENNY'S SHIPS N TRIPS INC.

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90254 049 ***158.75

Principal Place of Business

5390 SPRINGHILL DRIVE
SPRING HILL FL 34606
US

Mailing Address

POST OFFICE BOX 3268
SPRING HILL FL 34611
US

2. Principal Place of Business

3165 HARROW RD

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Spring Hill FL

City & State

Spring Hill FL

4. FEI Number

59-3349096

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CARPENTER, VIRGINIA A
3165 HARROW RD
SPRING HILL FL 34606

7. Name and Address of New Registered Agent

Name: John CARPENTER
Street Address (P.O. Box Number is Not Acceptable): 3165 HARROW RD
City: Spring Hill FL Zip Code: 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

Virginia A Carpenter President

4-27-01

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

Virginia A Carpenter President

4-27-01

352646475

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)