

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000003483 R

1. Entity Name

JADE MANAGEMENT, INC.

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

05-16-2000 90179 015 ***150.00

Principal Place of Business

Mailing Address

1744 N FT HARRISON
CLEARWATER FL 33755

P.O BOX 1123
CLEARWATER FL 33757-1123
US

2. Principal Place of Business

3. Mailing Address

1744 N. Ft Harrison Ave

P.O Box 1123

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Clearwater Fla

City & State
Clearwater Fla

Zip
33755

Country
USA

Zip
33757

Country
USA

4. FEI Number 59-3358347

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

ALLEN, TERRIE L
P O BOX 1123
CLEARWATER FL 33757

Name

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

City

FL

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

Terrie L Allen president Terrie L Allen

4/15/00

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
NAME
STREET ADDRESS
CITY-ST-ZIP
P
ALLEN, TERRIE L
1744 N FT HARRISON
CLEARWATER FL 33755 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

Terrie L Allen Terrie L. Allen

4/15/00 727-442-8067

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR: 1.034 (9/99)