2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000014626 1. Entity Name

J & S TAMPA DEVELOPMENT CORPORATION

Principal Place of Business Mailing Address
7806 113TH AVENUE 7806 113TH AVENUE TEMPLE TERRACE FL 33617 TEMPLE TERRACE FL 33617-2604

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State Country

FILED Jan 28, 2000 8:00 am Secretary of State

01-28-2000 90089 043 ***150.00



Suite, Apt. #, etc.			Suite,	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE																		
City & State			City &	City & State			4. FEI Number 55-3404883			<u> </u>	plied For ot Applicable	}													
Zip	Country			Zip Count		try 5. Certificate of Status Desired			_ \$8.75 Additional																
	6 Name	and Address of Current		7. Name and Address of New Registered Agent																					
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						Street Address (P.O. Box Number is Not Acceptable) City Zip Code																			
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													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 applica	able. (NOTE: I	Registered Agent signa	ture required wh	nen reinstating)		DATE			
	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 \$55 Make Check Payable to Department				tion Campaign Fi t Fund Contribution			0 May Be I to Fees														
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13. I hereby of indicated	certify that th	ne information supplied with	h this filing d	oes not qualify for t	he exemption start signature shall be con-	ated in Sect have the sa	ion 119.07(3)(i) me legal effect	, Florida Statutes. as if made under	I further cer oath; that I a	tify that the i	nformation or director														

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 outh; 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:

IGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTO

V 1-20-

813-983-6263

Daytime Phone #