

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000014909

1. Entity Name  
JUBILEE PALLETS, INC.

**FILED**  
**Sep 06, 2000 8:00 am**  
**Secretary of State**

09-06-2000 90092 012 \*\*\*150.00

Principal Place of Business  
1730 WESTCOTT ST  
JACKSONVILLE FL 32206

Mailing Address  
743 FOXBRIAR COVE  
JACKSONVILLE FL 32221



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

29 W. St. Mary's Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Macedenny, FL

4. FEI Number

59-3363661

Applied For

Not Applicable

Zip

Country

Zip

32063

Country

USA

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

STUTSMAN & THAMES, P.A.  
121 W. FORSYTH STREET  
SUITE 600  
JACKSONVILLE FL 32202

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

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 : DPC  
NAME : VAN METER, ALLEN R  
STREET ADDRESS : 743 FOXBRIAR COVE  
CITY-ST-ZIP : JACKSONVILLE FL 32221 ☐ Delete

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

TITLE : DVTS  
NAME : VAN METER, MARILYN B  
STREET ADDRESS : 743 FOXBRIAR COVE  
CITY-ST-ZIP : JACKSONVILLE FL 32221 ☐ Delete

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

TITLE :  
NAME :  
STREET ADDRESS :  
CITY-ST-ZIP : ☐ Delete

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STREET ADDRESS :  
CITY-ST-ZIP : ☐ Change ☐ Addition

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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: *Karl S. Van Meter* *Marilyn B. Van Meter* 8-1-00 904-653-1449  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/00)

attachment doc #: P96000014409  
DUU83739

JUBILEE PALETS, INC  
29 W. ST. MARY'S CIR.  
MACLENNY, FL 32063

Div. of Corporations

P.O. Box 1500

Tallahassee, FL 32302-1500

To Whom It May Concern:

This is to notify you that we never received the first notice pertaining to this fee. We moved to a new address (see above) in a different county and the report apparently was lost. I'm sorry this is late. Please accept this \$150.00 fee and report.

Sincerely

Marilyn B. Van Meter

Marilyn B. Van Meter, V.P.