

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000028276

1. Entity Name

KJV ENTERPRISES, INC.

FILED

May 31, 2000 8:00 am
Secretary of State

05-31-2000 90103 027 ***150.00

Principal Place of Business

417 SOUTHAMPTON DR.
INDIALANTIC, FL 32903
U.S.

Mailing Address

P.O. Box 246
MELBOURNE, FL 32902
U.S.

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3373159

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ROSA, JACK
417 SOUTHAMPTON DR.
INDIALANTIC, FL 32903

7. Name and Address of New Registered Agent

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

JACK ROSA, JACK ROSA, CEO & PRESIDENT

5/14/2000

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	CEO, DIRECTOR C/P/D	<input type="checkbox"/> Delete
NAME	JACK ROSA	
STREET ADDRESS	417 SOUTHAMPTON DR	
CITY-ST-ZIP	INDIALANTIC, FL 32903	
TITLE	DIRECTOR, V.P. VID	<input type="checkbox"/> Delete
NAME	DEBORAH SOKER	
STREET ADDRESS	21892 HIGH PINE TRAIL	
CITY-ST-ZIP	BOCA RATON, FL 33428	
TITLE	DIRECTOR, V.P. VID	<input type="checkbox"/> Delete
NAME	STEPHEN ROSA	
STREET ADDRESS	347 MYRTLEWOOD RD	
CITY-ST-ZIP	MELBOURNE, FL 32940	
TITLE	DIRECTOR, V.P. VID	<input type="checkbox"/> Delete
NAME	PHILIP ROSA	
STREET ADDRESS	347 MYRTLEWOOD RD.	
CITY-ST-ZIP	MELBOURNE, FL 32940	
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		
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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:

JACK ROSA

5/14/2000

321-726-0400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)