

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 03, 2001 8:00 am
Secretary of State

05-03-2001 90973 006 ***150.00

DOCUMENT# P960000309 *39*

1. Entity Name

CONNIE M. JETT P.A.

Principal Place of Business

Mailing Address

~~933 CUMBERLAND CIRCLE~~
CLERMONT FL 34711
US

962 Forest Hill Dr

~~933 CUMBERLAND CIRCLE~~
CLERMONT FL 34711
US

962 Forest Hill Dr

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3371781**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

SWARTZ, HARRY J
717 EAST OAK STREET
KISSIMMEE FL 34744

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 of current or former registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (If 11)

TITLE	☐ Delete
NAME	JETT, CONNIE M.
STREET ADDRESS	933 CUMBERLAND CIRCLE <i>962 Forest Hill Dr</i>
CITY-ST-ZIP	CLERMONT FL 34711
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
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TITLE	☐ Delete
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STREET ADDRESS	
CITY-ST-ZIP	

TITLE	☐ Change ☐ Addition
NAME	
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NAME	
STREET ADDRESS	
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TITLE	☐ Change ☐ 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)(b), Florida Statutes. I further certify that the information included 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 of this report, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Connie M. Jett
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/01

352-241-9505