

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000032530

1. Entity Name

SINPORN & FOUR J'S, INC.

FILED

Apr 30, 2001 8:00 am  
Secretary of State

04-30-2001 90110 011 \*\*\*150.00

Principal Place of Business

Mailing Address

201 S. TYNDALL PARKWAY  
PANAMA CITY FL 32404

201 S TYNDALL PARKWAY  
PANAMA CITY FL 32404

2. Principal Place of Business

3. Mailing Address

201 S. Tyndall Pkwy

201 S. Tyndall Pkwy

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Panama City FL

City & State

Panama City FL

Zip

32404

Country

Bay

Zip

32404

Country

Bay

4. FEI Number

59-3384094

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

SCOTT, JOHN L  
201 S TYNDALL PARKWAY  
PANAMA CITY FL 32404

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)

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**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 IN 11

TITLE D ☐ Delete  
NAME SCOTT, JOHN L  
STREET ADDRESS 201 S TYNDALL PARKWAY  
CITY-ST-ZIP PANAMA CITY FL 32404

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

TITLE D ☐ Delete  
NAME SCOTT, SINPORN  
STREET ADDRESS 201 S TYNDALL PARKWAY  
CITY-ST-ZIP PANAMA CITY FL 32404

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

25 April 2001 (850) 747-0003