

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000038636

1. Entity Name

CRAIG JENKINS ENTERPRISES, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90017 037 ***150.00

Principal Place of Business

Mailing Address

3528 W BEAVER ST
 JACKSONVILLE FL 32254
 US

12768 SHAPELL CT
 JACKSONVILLE FL 32223-2023
 US

2. Principal Place of Business

3. Mailing Address

11351 ST. Augustine RD
 Suite, Apt. #, etc.
 Jacksonville, FL

12768 Shapell Ct.
 Suite, Apt. #, etc.
 Jacksonville, FL

City & State

City & State

4. FEI Number 59-3378523

Applied For

Not Applicable

Zip 32258

Country USA

Zip 32223

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

JENKINS, CRAIG
 3528 W BEAVER ST
 JACKSONVILLE FL 32254

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 \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP
 NAME JENKINS, CRAIG
 STREET ADDRESS 2150 SPENCER RD APT 16A
 CITY-ST-ZIP ORANGE PARK FL 32073

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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 (9/99)