

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000047210

1. Entity Name

J & P EMPIRE GROUP INC.

**FILED**  
**Mar 12, 2001 8:00 am**  
**Secretary of State**

03-12-2001 90471 029 \*\*\*150.00

Principal Place of Business

232 PEDRO ST  
VENICE FL 34285  
US

Mailing Address

232 PEDRO ST  
VENICE FL 34285  
US

2. Principal Place of Business

3. Mailing Address

1051 US 41 BYPASS . S .

1051 US 41 BYPASS S

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

VENICE, FL.

City & State

VENICE, FL

Zip

34292

Country

U.S.

Zip

34292

Country

U.S.

4. FEI Number

65-0669241

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

REYNOLDS, PAUL  
232 PEDRO ST  
VENICE FL 34285

7. Name and Address of New Registered Agent

Name

PAUL REYNOLDS

Street Address (P.O. Box Number is Not Acceptable)

1051 US 41 BYPASS . S .

City

VENICE

FL

Zip Code

34292

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

*[Signature]*

PAUL REYNOLDS

3/9/01

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

TITLE	D	<input type="checkbox"/> Delete
NAME	REYNOLDS, JANE	
STREET ADDRESS	1525 HUDSON RD	
CITY-ST-ZIP	VENICE FL 34293	
TITLE	D	<input type="checkbox"/> Delete
NAME	REYNOLDS, PAUL	
STREET ADDRESS	1525 HUDSON RD	
CITY-ST-ZIP	VENICE FL 34293	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REYNOLDS, JANE	
STREET ADDRESS	325 OAKWOOD CIR	
CITY-ST-ZIP	ENGLEWOOD, FL 34223	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REYNOLDS, PAUL	
STREET ADDRESS	325 OAKWOOD CIR	
CITY-ST-ZIP	ENGLEWOOD, FL 34223	
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		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/9/01

Date

(941) 270-1090

Daytime Phone #

CR2E034 (10/00)