

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000048427

1. Entity Name

JABFER, INC.

FILED
Feb 25, 2000 8:00 am
Secretary of State

02-25-2000 90018 018 ***150.00

Principal Place of Business
2057 TAFT ST.
HOLLYWOOD FL 33020
US

Mailing Address
2057 TAFT ST.
HOLLYWOOD FL 33020-2724
US

00025283



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number **59-2486659**
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

BOGGS, LESTER C
2057 TAFT ST.
HOLLYWOOD FL 33020

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]* (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	D	<input type="checkbox"/> Delete
NAME	BOGGS, LESTER C	
STREET ADDRESS	2311 LEE STREET	
CITY-ST-ZIP	HOLLYWOOD FL 33020	
TITLE	D	<input type="checkbox"/> Delete
NAME	HUTCHISON, LORA JANN	
STREET ADDRESS	705 E. GREEN LANE	
CITY-ST-ZIP	WOODSTOCK GA 30189	
TITLE	D	<input type="checkbox"/> Delete
NAME	THORNTON, DEBORAH K	
STREET ADDRESS	4151 SW 75 CIRCLE	
CITY-ST-ZIP	DAVE FL 33314	
TITLE	D	<input type="checkbox"/> Delete
NAME	PAYNE, NANCY A	
STREET ADDRESS	PSC 41 BOX 45	
CITY-ST-ZIP	APO AE 09464	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILLIAMS, KIMBERLY S	
STREET ADDRESS	ROUTE 5 BOX 669	
CITY-ST-ZIP	HENDERSONVILLE NC 28792	
TITLE	D	<input type="checkbox"/> Delete
NAME	BOGGS, H. DUFF	
STREET ADDRESS	2301 LEE STREET	
CITY-ST-ZIP	HOLLYWOOD FL 33020	

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	
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

2/17/00

Date

954-923-3440

Daytime Phone #

CR2E034 (9/99)