

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000051627

1. Entity Name

JENKINS ENTERPRISES OF TAMPA, INC.

FILED

Mar 08, 2001 8:00 am
Secretary of State

03-08-2001 90058 029 ***150.00

Principal Place of Business

Mailing Address

2727 WEST FLETCHER AVENUE, UNIT 1-A
TAMPA FL 33618

2727 WEST FLETCHER AVENUE, UNIT 1-A
TAMPA FL 33618

726822



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Jenkins Enterprises Inc
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 7174
Suite, Apt. #, etc.

City & State

Wesley Chapel, FL

City & State

Wesley Chapel FL

Zip

33544

Country

Pasco

Zip

33544

Country

Pasco

4. FEI Number

59-3384840

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

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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, 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	PD	<input checked="" type="checkbox"/> Delete
NAME	JENKINS, TINA	
STREET ADDRESS	2727 WEST FLETCHER AVENUE, UNIT 1-A	
CITY-ST-ZIP	TAMPA FL 33618	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	JENKINS, ACIE III	
STREET ADDRESS	2727 WEST FLETCHER AVENUE, UNIT 1-A	
CITY-ST-ZIP	TAMPA FL 33618	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jenkins Tina	
STREET ADDRESS	P.O. Box 7174	
CITY-ST-ZIP	Wesley Chapel, FL 33544	
TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jenkins, Acie	
STREET ADDRESS	P.O. Box	
CITY-ST-ZIP	Wesley Chapel, FL 33544	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

3/05/01

Date

813 994 0460

Daytime Phone #

CR2E034 (10/00)