

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000053413

1. Entity Name

J & J SAVE-ON #1, INC.

**FILED**  
**Jul 20, 2000 8:00 am**  
**Secretary of State**

07-20-2000 90015 044 \*\*\*550.00

Principal Place of Business

1135 BENEVA RD.  
SARASOTA FL 34232

Mailing Address

PO BOX 7572  
SARASOTA FL 34278-7572

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0683009

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

THAMES, JOHN R  
801 COLUMBIA DR.  
BRADENTON FL 34207

7. Name and Address of New Registered Agent

Name

THAMES, JOHN R.

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

6507 Columbia Dr

City

BRADENTON

FL

Zip Code

34207

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]* **SAME AGENT - DIFFERENT ADDRESS 7/10/00**

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 ☐ Delete  
NAME P  
STREET ADDRESS THAMES, JOHN R.  
CITY-ST-ZIP 801 COLUMBIA DR.  
BRADENTON FL 34207

TITLE ☐ Delete  
NAME TS  
STREET ADDRESS THAMES, DEBORAH B.  
CITY-ST-ZIP 801 COLUMBIA DR.  
BRADENTON FL 34207

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME P  
STREET ADDRESS SAME  
CITY-ST-ZIP 6507 Columbia Dr  
SAME

TITLE ☒ Change ☐ Addition  
NAME TS  
STREET ADDRESS SAME  
CITY-ST-ZIP 6507 Columbia Dr.  
SAME

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

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

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

TITLE ☐ Change ☐ 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]* **SIGNATURE: JOHN R. THAMES**

7/10/00

(941) 953 5950

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)