

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 10, 2001 8:00 am**  
**Secretary of State**

05-10-2001 90211 015 \*\*\*150.00

**DOCUMENT #** P960000 57169  
**1. Entity Name**  
 J. Ely, Inc.

**Principal Place of Business** 2825 University Dr #450 Coral Springs Fl 33065  
**Mailing Address** 2825 University Dr #450 Coral Spgs, fl 33069

**2. Principal Place of Business** 4996 SW 7 St  
**3. Mailing Address** 4996 SW 7 St  
 Suite, Apt. #, etc.

**City & State** Margate FL  
**City & State** Margate FL  
**Zip** 33068 **Country** USA **Zip** 33068 **Country** USA

**4. FEI Number** 650678384 **Applied For**  
 Not Applicable  
**5. Certificate of Status Desired** ☒ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**  
 Jacqueline D. Ely  
 4996 SW 7 St  
 Margate, FL 33068

**7. Name and Address of New Registered Agent**  
 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) ☐

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**11. OFFICERS AND DIRECTORS**

|                |                          |                                 |
|----------------|--------------------------|---------------------------------|
| TITLE          | Director                 | <input type="checkbox"/> Delete |
| NAME           | Jacqueline D Ely         |                                 |
| STREET ADDRESS | 4996 SW 7 St.            |                                 |
| CITY-ST-ZIP    | Margate FL 33068         |                                 |
| TITLE          | V-P                      | <input type="checkbox"/> Delete |
| NAME           | Deborah L Ely            |                                 |
| STREET ADDRESS | 2825 University Dr. #450 |                                 |
| CITY-ST-ZIP    | Coral Springs, FL 33065  |                                 |
| 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 type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                  |                                                                              |
| STREET ADDRESS |                  |                                                                              |
| CITY-ST-ZIP    |                  |                                                                              |
| TITLE          | VP               | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Deborah L. Ely   |                                                                              |
| STREET ADDRESS | 4996 SW 7 street |                                                                              |
| CITY-ST-ZIP    | Margate FL 33068 |                                                                              |
| 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(9)(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:** Deborah Ely, Vice President 4/24/01 954-971-2733  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)