

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000061839

1. Entity Name

JRS INDUSTRIES, INC.

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90014 049 ***150.00

Principal Place of Business

106 SEA ISLAND LANE
BOCA RATON FL 33413

Mailing Address

106 SEA ISLAND LANE
BOCA RATON FL 33431-3909

00031902

2. Principal Place of Business

106 SEA ISLAND LANE

Suite, Apt. #, etc.

3. Mailing Address

106 SEA ISLAND LANE

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Boca Raton Florida

City & State

Boca Raton Florida

4. FEI Number

65-0684908

Applied For

Not Applicable

Zip

33431

Country

Zip

33431

Country

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

SOARS, JON

106 SEA ISLAND LANE
BOCA RATON FL 33413 33431

Name

SOARES, JON

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

106 SEA ISLAND LANE

City

Boca Raton

FL

Zip Code

33431

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 of registered agent 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, 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 ☐ Delete
NAME D
STREET ADDRESS SOARES, JON R
CITY-ST-ZIP 106 SEA ISLAND LANE
BOCA RATON FL 33413

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Jon R. Soares 3-1-00 561-393-8851