## 2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## **FILED** Mar 15, 2001 8:00 am Secretary of State DOCUMENT # **P96000070594** 1. Entity Name JB AMERICA, INC. 03-15-2001 90003 007 \*\*\*150.00 Principal Place of Business Mailing Address 1200 5TH AVE S 1200 5TH AVE S NAPLES FL 34102 NAPLES FL 34102 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-3398283 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WILLIAM M. HOLCOMB BARNETT, JEFFREY A Street Address (P.O. Box Number is Not Acceptable) 1364 CYPRESS WOODS DRIVE 1282 ATH AVENUE NORTH NAPLES FL 34103 City NAPLES Zip Code 34102 e purpose of changing its registered office or registered agent, or both, in the State of Florida. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) $\Box$ Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE ☐ Delete TITLE Change Addition NAME BARNETT, WILLIAM NAME STREET ADDRESS STREET ADDRESS 2750 TREASURE LANE CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34103 Dist. 4 AFFE TITLE **⊠** Delete TITLE Change ★ Addition MICHAEL J. HERNANDEZ NAME NAME BARNETT, JEFFREY A 2020 8F4 STREET SOUTH STREET ADDRESS STREET ADDRESS 1364 CYPRESS WOODS DRIVE CITY-ST-7IP CITY-ST-ZIP NAPLES, EL 3410Z NAPLES FL 34103 ☐ Delete TITLE ☐ Change Addition TITLE WILLIAM M. HOLCOMB NAME 1282 9TH AVENUE HORTH NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34102 CITY-ST-ZIP Change ☑ Addition TITLE □ Delete TITLE JESSE S. HOUSMAN NAME NAME SZSS CORAL WOOD DRIVE STREET ADDRESS STREET ADDRESS NAPLES, FL 34119 CITY-ST-ZIP CITY-ST-7IP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 thy 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 employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 in changed, or on an attachment with an address. Lightly by other like employered. y signature shall have the same legal effect as if made under oath; that I am an officer or director as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if