

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000098623

1. Entity Name

JAMAR FOODS, INC.

FILED
Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90232 013 ***150.00

Principal Place of Business

Mailing Address

9180 WILES ROAD
CORAL SPRINGS FL 33071

10951 NW 3RD ST.
CORAL SPRINGS FL 33071-8117

2. Principal Place of Business

3. Mailing Address

9180 Wiles Road

2929 N. University Drive

Suite, Apt. #, etc.

Suite/Apt. #, etc.

107



DO NOT WRITE IN THIS SPACE

City & State
Coral Springs, FL

City & State
Coral Springs, FL

4. FEI Number 65-0721548

Applied For
Not Applicable

Zip 33067

Country Broward

Zip 33065

Country Broward

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

WELLS, BRENDA S
10951 NW 3RD ST.
CORAL SPRINGS FL 33071

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, 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 D
NAME WELLS, BRENDA S
STREET ADDRESS 10951 NW 3RD ST.
CITY-ST-ZIP CORAL SPRINGS FL 33071

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PVST
NAME WELLS, BRENDA S
STREET ADDRESS 10951 NW 3RD ST.
CITY-ST-ZIP CORAL SPRINGS FL 33071

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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: Brenda S. Wells, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 7, 2000 954/3442858
Date Daytime Phone #

CR2E034 (9/99)