

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000103456

1. Entity Name

JBC PROPERTY MAINTENANCE, INC.

5/

FILED

Jun 22, 2000 8:00 am
Secretary of State

05-10-2000 90146 003 ***150.00

Principal Place of Business

P.O. BOX 220
PALM HARBOR FL 34682-0220

Mailing Address

P.O. BOX 220
PALM HARBOR FL 34682-0220

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3417068

Applied For

Not Applicable

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

MARSHALL, JEFFREY S

2220 CITRUS VALLEY CIRCLE 1156 MARINE ST
PALM HARBOR FL 34689 CLEARWATER, FL 33755

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

TITLE	P - CEO	<input type="checkbox"/> Delete
NAME	MARSHALL, JEFFREY S	
STREET ADDRESS	1156 MARINE ST	
CITY-ST-ZIP	CLEARWATER FL 33755	
TITLE	COO - VP	<input type="checkbox"/> Delete
NAME	Thomas Clark	
STREET ADDRESS	4014 Woodsville DR	
CITY-ST-ZIP	NEW PORT RICHEY	
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	CHIEF OPERATIONS OFFICER - VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Thomas S Clark	
STREET ADDRESS	4014 Woodsville Dr	
CITY-ST-ZIP	NPR	
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		
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(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] REQUIRED

4/28/00

(727) 299-8547

Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

CR2E034 (9/99)