

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P97100004383**
 1. Entity Name
JACANT GROUP, INC.

FILED
Feb 21, 2000 8:00 am
Secretary of State

02-21-2000 90039 011 ***150.00

715040

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
 804 Southern Blvd.
 West Palm Beach, FL 33405

2. Principal Place of Business 3. Mailing Address
 804 Southern Blvd. 3114 Tuxedo Avenue
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 West Palm Beach, FL West Palm Beach, FL
 Zip Country Zip Country
 33405 U.S.A. 33405 U.S.A.

4. FEI Number Applied For
 65-0729134 Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 Ralph Zuccarelli
 804 Southern Blvd.
 West Palm Beach, FL 33405

7. Name and Address of New Registered Agent
 Name Michael Coiro
 Street Address (P.O. Box Number is Not Acceptable)
 3114 Tuxedo Avenue,
 City West Palm Beach, FL Zip Code 33405

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]*
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

OFFICERS AND DIRECTORS

ADDRESS ST-ZIP	Ralph Zuccarelli 804 Southern Blvd., West Palm Beach, FL 33405	<input checked="" type="checkbox"/> Delete
ADDRESS ST-ZIP		<input type="checkbox"/> Delete
ADDRESS ST-ZIP		<input type="checkbox"/> Delete
ADDRESS ST-ZIP		<input type="checkbox"/> Delete
ADDRESS ST-ZIP		<input type="checkbox"/> Delete
ADDRESS ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Michael Coiro, Pres. Sec. 3114 Tuxedo Avenue and Dir. West Palm Beach, FL 33405	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

561-478-8805

CR2E034 (9/99)