

2001 UNIFORM BUSINESS REPORT (UBR)

0531100

DOCUMENT # P97000012950

1. Entity Name

CAPITAL MANAGEMENT ENTERPRISES, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 10 AM 9:50

Principal Place of Business

39 NORTH SIXTH STREET
HAINES CITY FL 33844

Mailing Address

P.O. BOX 246
HAINES CITY FL 33845
US

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

59-3421284

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

JONES, LES
39 NORTH SIXTH STREET
HAINES CITY FL 33844

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, 2001 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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
JONES, LES
2941 PLANTATION RD
WINTER HAVEN FL 33884 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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

LES JONES

Date

Daytime Phone #

9/5/01 863.422.3848

CR2E034 (10/00)

Attachment
#P97000012950

39 N. 6th St.
Haines City, Fl. 33844
Les Jones

9/04/01

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Fl. 32413

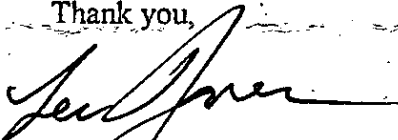
To whom it may concern:

This letter is written to request forgiveness of the late filing of my three corporations, due to illness. I had surgery at the time of mailing, of the 2001 Uniform Business Report.

I found the all three forms stuffed on a back shelf in my office this week. I am enclosing a check for each corporation, KAY-RITE INC., LES JONES ENTERPRISES INC., AND CAPITAL MANAGEMENT ENTERPRISES INC. All of my forms have always been submitted and paid timely in the past and will be in the future. During my illness these were missed and I hope you will excuse the tardiness due to my illness.

I appreciate your understanding and look forward to your abatement of the penalties in this matter.

Thank you,



Les Jones
President

Kay-Rite Inc.
Les Jones Ent. Inc.
Capital Management Ent. Inc.