

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90084 036 ***150.00

DOCUMENT # P97000017570

1. Entity Name

JOB 1, INC.

Principal Place of Business

Mailing Address

5812 SW 26TH ST
HOLLYWOOD FL 33023

5812 SW 26TH ST
HOLLYWOOD FL 33023-4112

2. Principal Place of Business

5800 SW 25th St.

3. Mailing Address

5738 SW 26th St

Suite, Apt. #, etc.

STE #1

Suite, Apt. #, etc.

City & State

Hollywood FL

City & State

Hollywood FL

Zip

33023

Country

USA

Zip

33023

Country

USA

6. Name and Address of Current Registered Agent

ROLLE, E. B.
5417 SW 23RD ST
HOLLYWOOD FL 33023

7. Name and Address of New Registered Agent

Name **E. B. Rolle**
Street Address (P.O. Box Number is Not Acceptable)
5738 SW 26th St
City **Hollywood** FL Zip Code **33023**

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

E. B. Rolle

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

(NOTE: Registered Agent signature required when reinstating)

1/6/2000

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	V	<input type="checkbox"/> Delete
NAME	ROLLE, DANNY	
STREET ADDRESS	5417 SW 23RD ST	
CITY-ST-ZIP	HOLLYWOOD FL 33023	
TITLE	VT	<input checked="" type="checkbox"/> Delete
NAME	FEAST ROLLE, VIOLET	
STREET ADDRESS	5417 SW 23RD ST	
CITY-ST-ZIP	HOLLYWOOD FL 33023	
TITLE	SRC	<input checked="" type="checkbox"/> Delete
NAME	ROLLE, ROSARIO G	
STREET ADDRESS	5417 SW 23RD ST	
CITY-ST-ZIP	HOLLYWOOD FL 33023	
TITLE	PCEO	<input type="checkbox"/> Delete
NAME	ROLLE, E B	
STREET ADDRESS	5417 SW 23RD ST	
CITY-ST-ZIP	HOLLYWOOD FL 33023	
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	CHAIRMAN	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	Danny Rolle	
STREET ADDRESS	5417 SW 23RD ST.	
CITY-ST-ZIP	Hollywood FL 33023	
TITLE	Vice Pres. EXEC	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	Tom Suggs SR	
STREET ADDRESS	170 NW 33rd Rd	
CITY-ST-ZIP	Plantation 33325	
TITLE	Vice Pres/TREAS.	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	Tom Suggs SR	
STREET ADDRESS	13341 NW 1st St	
CITY-ST-ZIP	PLANTATION FL 33325	
TITLE	PCEO	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	E. B. Rolle	
STREET ADDRESS	5738 SW 26th St	
CITY-ST-ZIP	Hollywood FL 33023	
TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add
NAME	Violet Feast Rolle	
STREET ADDRESS	5738 SW 26th St	
CITY-ST-ZIP	Hollywood FL 33023	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
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: **E. B. Rolle**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/2000

Date

Daytime Phone #