

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000023101

1. Entity Name

JOBECOS DEVELOPMENT III, INC.

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

01-21-2000 90070 015 ***150.00

Principal Place of Business

99 CENTER ROAD
POST OFFICE BOX 2048
VENICE FL 34284-2048

Mailing Address

99 CENTER ROAD
POST OFFICE BOX 2048
VENICE FL 34284-2048

2. Principal Place of Business

1070 Delacroix Cir.

Suite, Apt. #, etc.

3. Mailing Address

1070 Delacroix Cir.

Suite, Apt. #, etc.

City & State

Nokomis FL

City & State

Nokomis FL

4. FEI Number

65-0756963

Applied For

Not Applicable

Zip

Country

34275

USA

Zip

Country

34275

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CONNELLY, JAMES A
99 CENTER ROAD
VENICE FL 34292

7. Name and Address of New Registered Agent

Name CONNELLY, JAMES A.

Street Address (P.O. Box Number is Not Acceptable)
1070 Delacroix Cir

City Nokomis

FL

Zip Code 34275

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

1/13/00

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	D	<input type="checkbox"/> Delete
NAME	CONNELLY, JAMES A	
STREET ADDRESS	1070 DELACROIX CIRCLE	
CITY-ST-ZIP	NOKOMIS FL 34275	
TITLE	D	<input type="checkbox"/> Delete
NAME	BEACOM, ROGER	
STREET ADDRESS	241 SORRENTO RANCH DRIVE	
CITY-ST-ZIP	NOKOMIS FL 34275	
TITLE	D	<input type="checkbox"/> Delete
NAME	JOELSON, RAY R	
STREET ADDRESS	4551 TALLPINE DRIVE, NW	
CITY-ST-ZIP	ATLANTA FL 30327	
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		<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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOELSON, RAY R	
STREET ADDRESS	638 Bird Bay Dr E- #212-	
CITY-ST-ZIP	Venice, FL 34292	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/00

Date

941-488-5814

Daytime Phone #

CR2E034 (9/99)