

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000023759

1. Entity Name

JENNIFER HANKS, INC.

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

04-21-2000 90134 002 ***150.00

Principal Place of Business

Mailing Address

450 NW 134TH AVE
204
PEMBROKE PINES FL 33028
US

450 NW 134TH AVE
204
PEMBROKE PINES FL 33323-5307
US

2. Principal Place of Business

13818 NW 22nd. Ct.

3. Mailing Address

13818 N.W. 22nd. Ct.

Suite, Apt. #, etc.

N/A

Suite, Apt. #, etc.

N/A

City & State

Sunrise, Florida

City & State

Sunrise, Florida

4. FEI Number

65-0735844

Applied For

Not Applicable

Zip

33323

Country

USA

Zip

33323

Country

USA

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

HANKS, JENNIFER L
450 N.W. 134TH AVENUE
SUITE 204
PEMBROKE PINES FL 33028

Name

Jennifer L Hanks

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

13818 N.W. 22nd. Ct.

City

Sunrise,

FL

Zip Code

33323

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

Jennifer L. Hanks ; PRESIDENT

april 12, 2000

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME HANKS, JENNIFER L
STREET ADDRESS 450 N.W. 134TH AVENUE, #204
CITY-ST-ZIP PEMBROKE PINES FL 33028 ☐ Delete

TITLE PD
NAME Hanks, Jennifer L.
STREET ADDRESS 13818 NW 22nd. Ct.
CITY-ST-ZIP Sunrise, Fl. 33323 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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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:

Jennifer L. Hanks; President

April 12, 2000 (954) 845-8757

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)