

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P97000027268****FILED**
Jan 19, 2001 8:00 am
Secretary of State

01-19-2001 90022 023 ***150.00

005-0965

1. Entity Name**JAYE & JUNCK CONSULTING, INC.****Principal Place of Business**900 FOX VALLEY DR
SUITE 100
LONGWOOD FL 32799
US**Mailing Address**900 FOX VALLEY DRIVE
SUITE 100
LONGWOOD FL 32779
US**2. Principal Place of Business**

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State**City & State****Zip****Country****Zip****Country****4. FEI Number**

59-3439027

Applied For

Not Applicable

5. Certificate of Status Desired**\$8.75 Additional
Fee Required****6. Name and Address of Current Registered Agent**STAMP, MARTIN F ESQ.
940 HIGHLAND AVE.
ORLANDO FL 32803**7. Name and Address of New Registered Agent****Name**

MICHAEL G. JUNCK

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

900 FOX VALLEY DRIVE STE 100

City

LONGWOOD

FL

Zip Code

32779

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.

MICHAEL G. JUNCK

PRESIDENT

1/9/2001

(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**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	JUNCK, MICHAEL G.	900 FOX VALLEY DR, SUITE 100	LONGWOOD FL 32779	

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TITLE	NAME	STREET ADDRESS	CITY-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

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

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TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> 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

MICHAEL G. JUNCK

MICHAEL G. JUNCK

1/9/2001

Date

407 774 8229

Daytime Phone #

CR2E034 (10/00)