

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000041281

1. Entity Name

JALIX ENTERPRISES, INC.

Principal Place of Business

Mailing Address

707 N. Johnson St.
Plant City, FL 33566

707 N. Johnson St.
Plant City, FL 33566

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

59-3446201

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Jackson Hooker
707 N. Johnson St.
Plant City, FL 33566

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	PSTD	<input type="checkbox"/> Delete
NAME	Jackson Hooker	
STREET ADDRESS	707 J. Johnson St.	
CITY-ST-ZIP	Plant City, FL 33566	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

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****458.75 ****458.75

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:

Jackson Hooker
Barry J. Hooker

Jackson Hooker
Barry J. Hooker

3-9-01 (813) 752-3534

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)

Bj 2/27/2

March 24, 2001

To Whom It May Concern:

This is in reference to letter 801A00016284. I was not aware I still owed for the last 2 years. Thank you for working with me. I have enclosed my check for \$458.75 to pay the fees and receive a certificate of status.

*** I also signed the form Barry J. Hooker. I am one in the same, Barry Jackson Hooker. I hope that my signing over the original signature will be okay. If not, please send me another form to sign. I apologize for this error.

I have enclosed a copy of the letter sent to me. I hope this clears everything up on the status of my corporation. Should there be any questions, I can be reached at (813) 752-3534.

Thank You,

Jackson Hooker

Jackson Hooker

P.S. - report is also enclosed