

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P97000042970**

1. Entity Name

I & J ASSOCIATES, INC.**FILED****Apr 18, 2000 8:00 am**
Secretary of State

04-18-2000 90177 046 ***150.00

Principal Place of Business

Mailing Address

5255A COQUINA KEY DRIVE SE
ST PETE FL 33705**5255A COQUINA KEY DRIVE SE**
ST PETE FL 33781-2630

2. Principal Place of Business

34530 VIOLET DR.

3. Mailing Address

34530 VIOLET DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PINELLAS PARK, FL

City & State

PINELLAS PARK FL

4. FEI Number

59-3447763

Applied For

Not Applicable

Zip

33781

Country

U S A

Zip

33781

Country

U S A5. 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

MEINCH, IRENE
5255A COQUINA KEY DRIVE SE
ST PETE FL 33705

Name

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

34530 VIOLET DR

City

PINELLAS PARK**FL**Zip Code
33871

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

Irene Meinch
Signature, typed or printed name of registered agent and title if applicable**IRENE MEINCH**

(NOTE: Registered Agent signature required when reinstating)

4/12/00

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 State10. 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	P	<input type="checkbox"/> Delete
NAME	MEINCH, IRENE	
STREET ADDRESS	5255A COQUINA KEY DR SE	
CITY-ST-ZIP	ST PETE FL 33705	
TITLE	ST	<input type="checkbox"/> Delete
NAME	MEINCH, JOHN	
STREET ADDRESS	5255A COQUINA KEY DR SE	
CITY-ST-ZIP	ST PETE FL 33705	
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		

TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEINCH, IRENE	
STREET ADDRESS	34530 VIOLET DR. PINELLAS PARK, FL	
CITY-ST-ZIP	33781	
TITLE	ST	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEINCH, JOHN	
STREET ADDRESS	34530 VIOLET DR. PINELLAS PARK, FL	
CITY-ST-ZIP	33781	
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:

Irene Meinch
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**IRENE MEINCH**

Date

4-12-00

Daytime Phone #

CR2E034 (9/99)