

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000046678

1. Entity Name
J & P ENTERPRISE R INC

FILED
Mar 17, 2000 8:00 am
Secretary of State

03-17-2000 90028 049 ***150.00

Principal Place of Business
12406 152ND STREET NORTH
JUPITER FL 33458

Mailing Address
12406 152ND STREET NORTH
JUPITER FL 33478-3557

2. Principal Place of Business

3. Mailing Address

PO Box 936

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Hobe Sound

Zip

Country

Zip

Country

FIA

33475

4. FEI Number 65-0758778

Applied For

Not Applicable

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

STANLEY, PATRICIA
12406 152ND ST N
JUPITER FL 33458

Name STANLEY James
Street Address (P.O. Box Number is Not Acceptable)
12406 152 ST N

City JUPITOR FIA

FL

Zip Code

33458

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 *James E Stanley* James E Stanley DZA

(NOTE: Registered Agent signature required when reinstating)

DATE

03/10/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STANLEY, JAMES E P.O. BOX 936 HOBE SOUND FL 33475	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STANLEY, PATRICIA 12406 152ST NORTH JUPITER FL 33458	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STANLEY, RACHEL 190 112TH AVE. APT. #713 ST. PETERSBURG FL 33716	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

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: *James E Stanley*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

561-745-6999
03/10/00

Date

Daytime Phone #