

2000 UNIFORM BUSINESS REPORT (UBR)

Apr 05, 2000 8:00 am
Secretary of State

DOCUMENT # P97000049774

1. Entity Name

JF DREXL FLORIDA, INC.

04-05-2000 90083 014 ***150.00

Principal Place of Business

Mailing Address

201 JOEL BLVD.
STE 103
LEHIGH ACRES, FL 33972
US

546 P.O.
LEHIGH ACRES, FL 33972

BU052537

2. Principal Place of Business

1508 E 9TH STREET

3. Mailing Address

1508 E 9TH STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
LEHIGH ACRES, FL

City & State
LEHIGH ACRES, FL

4. FEI Number 65-0783456

Applied For
Not Applicable

Zip
33972

Country
US

Zip
33972

Country
US

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

PELZER, GERHARD
817 JEFFERSON AVE
LEHIGH ACRES, FL 33936
US

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, 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
PS
DREXL, FRANZ
201 JOEL BLVD
LEHIGH ACRES, FL 33972 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PS
DREXL, FRANZ
1508 E 9TH STREET
LEHIGH ACRES, FL 33972 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VT
DREXL, JUTTA
201 JOEL BLVD
LEHIGH ACRES, FL 33972 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VT
DREXL, JUTTA
1508 E 9TH STREET
LEHIGH ACRES, FL 33972 ☒ 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 ☐ 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:

Drexel Franz
Drexel Franz

03.29.00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)