

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000065546

1. Entity Name

J. DEMORANVILLE, INC.

Principal Place of Business

3883 CHAPEL STREET
LAKE PARK FL 33403

Mailing Address

3883 CHAPEL STREET
LAKE PARK FL 33403-1001

2. Principal Place of Business

810 LAKE SHORE DR.

Suite, Apt. #, etc.
4

City & State

LAKE PARK, FL

Zip
33403

Country

U.S.A.

3. Mailing Address

810 LAKE SHORE DR.

Suite, Apt. #, etc.
4

City & State

LAKE PARK, FL

Zip

33403

Country

U.S.A.

6. Name and Address of Current Registered Agent

DE MORANVILLE, JOSES
3883 CHAPEL STREET
LAKE PARK FL 33403

7. Name and Address of New Registered Agent

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
DEMORANVILLE, JOSES
3883 CHAPEL STREET
LAKE PARK FL 33403 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
DEMORANVILLE, CONNIE E
3883 CHAPEL ST
LK PARK FL 33403 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SAME
SAME
810 LAKE SHORE DR. #4
LAKE PARK, FL 33403 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SAME
SAME
810 LAKE SHORE DR. #4
LAKE PARK, FL 33403 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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 life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSES DEMORANVILLE

Date

Daytime Phone #

4/28/00 561-881-9115

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90003 009 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0727789

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required