

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000075003

1. Entity Name

J & R SOULE CORPORATION

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90030 028 ***150.00

Principal Place of Business

1309 SEA PINES WAY
LANTANA FL 33462

Mailing Address

1624 S PALMWAY
LAKE WORTH FL 33460-5846
US

2. Principal Place of Business

1624 S Palm Way
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

LAKE WORTH FL

City & State

Zip

Country

33460 PBC

Country

4. FEI Number

65-0776218

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SOULE, MILAN J
1624 S PALM WAY
LAKE WORTH FL 33460

7. Name and Address of New Registered Agent

Name

MILAN J. SOULE

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

1624 S Palm Way

City

LAKE WORTH

FL

Zip Code

33460

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 ☐ Delete
NAME D
STREET ADDRESS SOULE, MILAN J
CITY-ST-ZIP 1624 S PALM WAY
LAKE WORTH FL 33460

TITLE ☐ Delete
NAME D
STREET ADDRESS SOULE, ROBIN
CITY-ST-ZIP 1624 S PALM WAY
LAKE WORTH FL 33460

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

MILAN J SOULE 2-24-2000 561-5889831

CR2E034 (9/99)