

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000075649

1. Entity Name
JEEVES NORTH AMERICA, INC.

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90371 007 ***150.00

Principal Place of Business
455 DOUGLAS AVE
1855
ALTAMONTE SPRINGS FL 32714
US

Mailing Address
455 DOUGLAS AVE
1855
ALTAMONTE SPRINGS FL 32714
US

2. Principal Place of Business
110 Live Oak Blvd
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 7045
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Casselberry, FL

City & State
Fort Myers, FL

4. FEI Number 59-3467297

Applied For
Not Applicable

Zip 32707 Country Seminole

Zip 33911 Country Lee

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

THOMAS, LAWRENCE D
400 GOLF BROOK CIR., APT. 200
LONGWOOD FL 32779

Name
Roger Jonsson
Street Address (P.O. Box Number is Not Acceptable)
3407 Winkler Ave # 312
City
Fort Myers FL Zip Code 33916

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 *Roger Jonsson*
Signature, typed or printed name of registered agent and title if applicable.

Roger Jonsson, President

(NOTE: Registered Agent signature required when reinstating)

4-23-01
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, 2001 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 D ☒ Delete
NAME THOMAS, LAWRENCE D
STREET ADDRESS 400 GOLF BROOK CIR., APT. 200
CITY-ST-ZIP LONGWOOD FL 32779

TITLE P ☐ Change ☒ Addition
NAME ROGER JONSSON
STREET ADDRESS 3407 WINKLER AVE #312
CITY-ST-ZIP FORT MYERS, FL 33916

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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STREET ADDRESS
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: *Roger Jonsson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-01
Date

407-620-1116
Daytime Phone #

CR2E034 (10/00)