

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000075920

1. Entity Name

JWJ ENTERPRISES, INC.

**FILED**  
**May 03, 2000 8:00 am**  
**Secretary of State**

05-03-2000 90084 020 \*\*\*150.00

Principal Place of Business

3102 11TH ST W  
BRADENTON FL 34205

Mailing Address

3102 11TH ST W  
BRADENTON FL 34205-6908

2. Principal Place of Business

2920 48th Plaza, East

3. Mailing Address

2920 48th Plaza, East

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Palmetto, FL 34221

City & State

Palmetto FL

4. FEI Number

65-0781793

Applied For

Not Applicable

Zip

34221

Country

USA

Zip

34221

Country

USA

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, JAMES W  
3102 11TH ST W  
BRADENTON FL 34205

7. Name and Address of New Registered Agent

Name (Same)

Street Address (P.O. Box Number is Not Acceptable)  
2920 48th Plaza, East

City Palmetto, FL

FL

Zip Code 34221

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	D	<input type="checkbox"/> Delete
NAME	JOHNSON, JAMES W	
STREET ADDRESS	3102 11TH ST W	
CITY-ST-ZIP	BRADENTON FL 34205	
TITLE	D	<input type="checkbox"/> Delete
NAME	JOHNSON, MARY G	
STREET ADDRESS	3102 11TH ST W	
CITY-ST-ZIP	BRADENTON FL 34205	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	(Same)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	(Same)	
STREET ADDRESS	2920 48th Plaza, East	
CITY-ST-ZIP	Palmetto, FL 34221	
TITLE	(Same)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	(Same)	
STREET ADDRESS	2920 48th Plaza, East	
CITY-ST-ZIP	Palmetto, FL 34221	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

4/24/00

Date

941-723-4848

Daytime Phone #