

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000076728

1. Entity Name

WILD STYLE DEE JAZE, INC.

Principal Place of Business

Mailing Address

8703 N. LINDA CT.
TAMPA FL 33604

8703 N. LINDA CT.
TAMPA FL 33604-2216

2. Principal Place of Business

3. Mailing Address

1406 Shadow Bay Ln
Suite, Apt. #, etc.

SAME
Suite, Apt. #, etc.

City & State

BRANDON, FL

City & State

BRANDON, FL

Zip

33510

Country

Zip

33510

Country

USA

4. FEI Number

59-3570839

Applied For

Not Applicable

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

RODRIGUEZ, JOSE A III
8703 N. LINDA CT.
TAMPA FL 33604

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	DP	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, JOSE A III	
STREET ADDRESS	8703 N. LINDA COURT	
CITY-ST-ZIP	TAMPA FL 33604	
TITLE	DST	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, KANYON S	
STREET ADDRESS	8703 N. LINDA COURT	
CITY-ST-ZIP	TAMPA FL 33604	
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	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ, JOSE A III	
STREET ADDRESS	1406 SHADOW BAY LN	
CITY-ST-ZIP	BRANDON, FL 33510	
TITLE	DST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ, KANYON S	
STREET ADDRESS	1406 SHADOW BAY LN	
CITY-ST-ZIP	BRANDON, FL 33510	
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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 12, 2000 8:00 am
Secretary of State

05-12-2000 90860 037 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)