

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000079314

1. Entity Name

JOEL & SUE INC.

**FILED**  
**Apr 24, 2000 8:00 am**  
**Secretary of State**

04-24-2000 90166 019 \*\*\*150.00

Principal Place of Business

Mailing Address

903 CENTRAL PKWY  
STUART FL 34994  
US

903 CENTRAL PKWY  
STUART FL 34994-3904  
US

2. Principal Place of Business

290 CARDINAL WAY

3. Mailing Address

290 CARDINAL WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

STUART, FLORIDA

City & State

STUART, FLORIDA

Zip

34996

Country

USA

Zip

34996

Country

USA

4. FEI Number

65-0780861

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

LIPTON, JOEL J  
1896 SW CRANE CREEK AVENUE  
PALM CITY FL 34990

Name

JOEL JAY LIPTON

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

290 CARDINAL WAY

City

STUART

FL

Zip Code

34996

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

JOEL JAY LIPTON - OWNER/PRES.

Signature, type or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/10/00

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 ☐ Delete  
NAME P  
STREET ADDRESS LIPTON, JOEL JAY  
CITY-ST-ZIP 290 CARDINAL WAY  
STUART FL 34990

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

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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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 #

4/10/00 (561)-221-2292

CR2E034 (9/99)