

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2001 8:00 am
Secretary of State

02-13-2001 90002 047 ***150.00

0279558

DOCUMENT # P97000088458

1. Entity Name
JKS DESIGNS, INC.

Principal Place of Business
**1212 WEST LAS OLAS BOULEVARD
 FT. LAUDERDALE FL 33312**

Mailing Address
**8741 NW 57TH ST
 C/O ESSENTIAL BUSINESS SERVICE
 TAMARAC FL 33351**

2. Principal Place of Business
808 SW 4th AVE

3. Mailing Address
 Suite, Apt. #, etc.

City & State
FT. LAUDERDALE, FL

City & State

4. FEI Number **65-0832846**

Applied For
 Not Applicable

Zip
33315

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**STANDRIDGE, JAMIE K
 1212 WEST LAS OLAS BOULEVARD
 FT. LAUDERDALE FL 33312**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
808 SW 4th AVE
 City **FT. LAUDERDALE, FL** Zip Code **33315**

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 date if applicable.

(NOTE: Registered Agent signature required when re-stating)

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
	P			<input type="checkbox"/>
	STANDRIDGE, JAMIE K	1212 WEST LAS OLAS BOULEVARD	FT. LAUDERDALE FL 33312	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
		808 SW 4th AVE	FT. LAUDERDALE FL 33315	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 (he empowered).

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)