

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000089420

1. Entity Name

JAVI INTERNATIONAL AMALGAMATE CORPORATION

FILED

Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90068 005 ***158.75

Principal Place of Business

Mailing Address

AYSEEN DRIVE
GORDA FL 33983

25518 AYSEEN DRIVE
PUNTA GORDA FL 32176-2327

2. Principal Place of Business

512 TREASURE BOAT WAY

3. Mailing Address

512 TREASURE BOAT WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Sarasota FL

City & State

Sarasota FL

Zip

34242

Country

USA

Zip

34242

Country

USA

4. FEI Number

65-0788026

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHAPMAN, VIVIAN
25518 AYSEEN DRIVE
PUNTA GORDA FL 33983

Name

VIVIAN Chapman

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

512 TREASURE BOAT WAY

City

Sarasota

FL

Zip Code

34242

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

Vivian Chapman

VIVIAN Chapman

2-23-00

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)

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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.

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\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST CHAPMAN, VIVIAN 25518 AYSEEN DRIVE PUNTA GORDA FL 33983	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST VIVIAN Chapman 512 TREASURE BOATWAY Sarasota FL 34242	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BOECKEL, ALEXANDER 25518 AYSEEN DRIVE PUNTA GORDA FL 33983	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Boeckel Alexander 512 TREASURE BOATWAY Sarasota FL 34242	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BILLIE, JAMES E 25518 AYSEEN DRIVE PUNTA GORDA FL 33983	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Billie James E. 512 TREASURE BOATWAY Sarasota FL 34242	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Vivian Chapman REQUIRED VIVIAN Chapman

2-23-00

Date

941-346-8333

Daytime Phone #

CR2E034 (9/99)