

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000095406

1. Entity Name

JVB ENTERPRISES, INC.

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90134 020 ***150.00

Principal Place of Business

Mailing Address

8506 AMBER RIDGE COURT
SANFORD FL 32771

8506 AMBER RIDGE COURT
SANFORD FL 32771-8325

2. Principal Place of Business

3. Mailing Address

330 Golf Brook Circle

330 Golf Brook Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Apt. #102

Apt. #102

City & State

City & State

Longwood, FL

Longwood, FL

Zip

Country

Zip

Country

32779

USA

32779

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3487888

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

BIRMINGHAM, JAMIE
8506 AMBER RIDGE COURT
SANFORD FL 32771

Name

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

330 Golf Brook Circle

Apt. #102

City

Longwood

FL

Zip Code

32779

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 ☐ Delete
NAME OD
STREET ADDRESS BIRMINGHAM, JAMIE
CITY-ST-ZIP 8506 AMBER RIDGE COURT
SANFORD FL 32771

TITLE ☐ Change ☐ Addition
NAME Birmingham, Jamie
STREET ADDRESS 330 Golf Brook Circle Apt. 102
CITY-ST-ZIP Longwood, FL 32779

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
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
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 #

1/20/99

407-682-0814

CR2E034 (9/99)