

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000106703

1. Entity Name
JENNIFER JONES, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90112 032 ***150.00

Principal Place of Business
**14104 UPPER MANATEE RIVER ROAD
BRADENTON FL 34202**

Mailing Address
**14104 UPPER MANATEE RIVER ROAD
BRADENTON FL 34202-9091**

2. Principal Place of Business
11504 Second Avenue N.E.

3. Mailing Address
11504 Second Ave., N.E.

Suite, Apt. #, etc.
City & State
Zip - Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0805316**

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

**JONES-ARNAUD, JENNIFER
14104 UPPER MANATEE RIVER ROAD
BRADENTON FL 34202**

Name
Street Address (P.O. Box Number is Not Acceptable)
11504 Second Avenue N. E.
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 *Jennifer Jones Arnaud* **Apr 25 '00**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JONES-ARNAUD, JENNIFER		NAME		
STREET ADDRESS	14104 UPPER MANATEE RIVER ROAD		STREET ADDRESS	11504 Second Avenue N.E.	
CITY-ST-ZIP	BRADENTON FL 34202		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: *Jennifer Jones Arnaud* **Apr 25 '00** **941-747-8910**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #