

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 01, 2001 8:00 am**  
**Secretary of State**

0459651

**DOCUMENT # P97000108648**

1. Entity Name

**J. HAUSER ENTERPRISES, INC.**

06-01-2001 90005 029 \*\*\*150.00

Principal Place of Business

**P O BOX 600755  
 JACKSONVILLE FL 32260-0755**

Mailing Address

**PO BOX 600755  
 JACKSONVILLE FL 32260**

**C0070722**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. # etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3486659**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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

**HAUSER, JOANNE  
 1061 DURBIN DARKE DR  
 JACKSONVILLE FL 32259**

Name

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

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 *Joanne Hauser*  
 Signature, typed or printed name of registered agent and title if applicable.

(NOT) Registered Agent signature required when re-nesting

5/28/01  
 DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSTD** ☐ Delete  
 NAME **HAUSER, JOANNE**  
 STREET ADDRESS **1061 DURBIN PARK DR**  
 CITY-ST-ZIP **JACKSONVILLE FL**

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

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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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: *Joanne Hauser*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/28/01

Date

Daytime Phone #

CR2E034 (10/00)