

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000000135

1. Entity Name

DOR & JIM MARKETING CORP.

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90189 049 ***150.00

Principal Place of Business

Mailing Address

370 SW 35 AVE
DEERFIELD BEACH FL 33442

370 SW 35 AVE
DEERFIELD BEACH FL 33442-2374

2. Principal Place of Business

1281 SE 5 Avenue
Suite, Apt. #, etc.

3. Mailing Address

1281 SE 5 Avenue
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Pompano Bch., Fl.

City & State

Pompano Bch., Fl.

4. FEI Number

65-0801839

Applied For

Not Applicable

Zip

Country

33060 Broward

Zip

Country

33060 Broward

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

JOBBITT, JAMES
370 SW 35 AVENUE
DEERFIELD BEACH FL 33442

Name

James Jobbitt

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

1281 SE 5 Avenue

City

Pompano Beach,

FL

Zip Code

33060

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

Doreen Jobbitt, Vice President - Doreen Jobbitt

4/10/2000

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
JOBBITT, JAMES A
370 SW 35 AVE
DEERFIELD BEACH FL 33442 ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP
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JOBBITT, DOREEN J
370 SW 35 AVE
DEERFIELD BEACH FL 33442 ☐ Delete

TITLE
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CITY-ST-ZIP
☐ Change ☐ 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:

Doreen Jobbitt, Vice President

4/10/2000 954-752-8666

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)