

# UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 998000000135

1. Entity Name *Dor & Jim marketing Corporation*

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

*7305 W. Sample Road*

3. Mailing Address

*7305 W. Sample Road*

Suite, Apt. #, etc.

*#104 + #105*

Suite, Apt. #, etc.

*#104 + #105*

City & State

*Coral Springs, Fl.*

City & State

*Coral Springs, Fl.*

4. FEI Number

*65-0801839*

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name *Doreen Jobbitt*

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

*7305 W. Sample Road, #104 + #105*

*GO*

City *Coral Springs*

FL

Zip Code

*33065*

**DO NOT WRITE IN THIS SPACE**

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, President*

*9/24/02*

Signature, typed or printed name of registered agent and fee 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)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>President Doreen Jobbitt 10945 NW 71 Court Parkland, Fl. 33076</i>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>Vice President James Jobbitt 10945 NW 71 Court Parkland, Fl. 33076</i>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*Doreen Jobbitt, President*

*9/24/02*

*954-914-5339*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Signature

*Doreen Jobbitt*

*Vice President*

*James Jobbitt*

*9/24/02*

*954-818-9451 B*

CR2E034B (12/01)