

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000001948

1. Entity Name

JON-TYLER ENTERPRISES INC.

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90209 027 ***150.00

Principal Place of Business

Mailing Address

568 99TH AVE N
NAPLES FL 34108
US

568 99TH AVE N
NAPLES FL 34983-2424
US

2. Principal Place of Business

544 S.W. DUVAL AVE

Suite, Apt. #, etc.

3. Mailing Address

544 S.W. DUVAL AVE

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

PORT ST. LUCIE FL

City & State

PORT ST. LUCIE FL

4. FEI Number

59-3481230

Applied For

Not Applicable

Zip

34983

Country

U.S.A

Zip

34983

Country

U.S.A

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

GLENNON, JOHN
568 99TH AVE N
NAPLES FL 34108

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

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
P
GLENNON, JOHN
568 99TH AVE N
NAPLES FL 34108 ☐ Delete

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

TITLE
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CITY - ST - ZIP ☐ Delete

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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

561 336-8075

CR2E034 (9/99)