

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000006837

1. Entity Name

J&P TECHNOLOGIES INC.

FILED

Jan 22, 2000 8:00 am  
Secretary of State

01-22-2000 90025 029 \*\*\*150.00

Principal Place of Business

Mailing Address

9838 OLD BAYMEADOWS RD #326  
JACKSONVILLE FL 32256

9838 OLD BAYMEADOWS RD #326  
JACKSONVILLE FL 32256-8101

304422



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

PMB 326

3. Mailing Address

PMB 326

Suite, Apt. #, etc.

9838 OLD BAYMEADOWS RD.

Suite, Apt. #, etc.

9838 OLD BAYMEADOWS RD.

City & State

JACKSONVILLE, FL

City & State

JACKSONVILLE, FL

4. FEI Number

58-2367767

Applied For

Not Applicable

Zip

32256

Country

Zip

32256

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

CORPORATE CREATIONS ENTERPRISES, INC.  
4521 PGA BOULEVARD #211  
PALM BEACH GARDENS, FL 33418

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 D  
NAME MCQUINN, PATRICK G  
STREET ADDRESS 11020 HUEBNER OAKS, APT. 2116  
CITY-ST-ZIP SAN ANTONIO TX 78230

☐ Delete

TITLE  
NAME MCQUINN, PATRICK G.  
STREET ADDRESS PMB 326  
CITY-ST-ZIP 9838 OLD BAYMEADOWS RD.  
JACKSONVILLE, FL 32256

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
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

1/13/00

Date

888-712-4125

Daytime Phone #

CR2E034 (9/99)