

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000006845

1. Entity Name

JB OF ASPEN, INC.

FILED
Feb 03, 2000 8:00 am
Secretary of State

02-03-2000 90034 034 ***150.00

Principal Place of Business

Mailing Address

~~200 E. LAS OLAS BLVD. #1800~~
~~FORT LAUDERDALE FL 33301~~

~~200 E. LAS OLAS BLVD. #1800~~
~~FORT LAUDERDALE FL 33301-2275~~

2. Principal Place of Business

3. Mailing Address

3000 NE 30TH PLACE

3000 NE 30TH PL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5th Floor

5th Floor

City & State

City & State

FT LAUDERDALE, FL

FT LAUDERDALE, FL

Zip

Zip

Country

Country

33306

USA

33306

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BRINKLEY, W M
200 E. LAS OLAS BLVD. #1800
FORT LAUDERDALE FL 33301

Name WILLIAM WILKERSON

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

3000 NE 30TH PLACE

5th Floor

City

Fort LAUDERDALE

FL

Zip Code

33306

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

WILLIAM WILKERSON

X

X 1/27/2000

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	PST WILKERSON, WILLIAM 3000 NE 30TH PLACE - 5TH FLOOR FORT LAUDERDALE FL 33306	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: WILLIAM WILKERSON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

X 1/27/2000 954-563-1224

CR2E034 (9/99)