

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000011460

1. Entity Name
JR. WHALEY'S, INC.



FILED
Aug 17, 2000 8:00 am
Secretary of State
08-17-2000 90004 025 ***150.00

Principal Place of Business
4205 N FLORIDA AVE
TAMPA FL 33602

Mailing Address
4205 N FLORIDA AVE
TAMPA FL 33602

2. Principal Place of Business
12005 Vera Avenue
Suite, Apt. #, etc.

3. Mailing Address
12005 Vera Avenue
Suite, Apt. #, etc.

City & State
TAMPA FL
Zip
33618
Country
HILLSBORO

City & State
TAMPA, FL
Zip
33618
Country
HILLSBORO

4. FEI Number 59-3497592

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WHALEY, ROY A JR
4205 N FLORIDA AVE
TAMPA FL 33602

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
12005 VERA Avenue
TAMPA,
City FL Zip Code 33618

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 _____ (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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	D WHALEY, ROY A JR 4205 N FLORIDA AVE TAMPA FL 33602	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	12005 VERA Avenue TAMPA, FL 33618	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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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: Roy A Whaley Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (5/00)

Attachment
P98000011460
0009576

Florida Department of State
Katherine Harris
Secretary of State
Division of Corporations
Annual Report/Reinstatement Section
PO Box 6327
Tallahassee, FL 32314-6327

To Whom It May Concern:

When we received the Notice of Administrative Dissolution we were stunned since we had never received any previous notification. We have closed our business and put a forwarding order in with the post office but we never received the annual report form and therefore we did not know that a report was due.

We are enclosing the Application for Reinstatement along with the required annual fee of \$150. We respectfully request abatement of the penalty for late filing.

Your assistance in this matter is appreciated.

Yours truly,



Roy A. Whaley, Jr.
JR. WHALEY'S INC.
12005 Vera Avenue
Tampa, FL 33618