2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90170 045 ***150.00

DOCUMENT # P98000015007

1. Entity Name:
Jo-Re, Inc
P.O.Box 1881
Delray Bch, Fla 33447-1881

Principal Place of Business:

Mailing Address:
P.O.Box 1881
Delray Bch, Fla 33447-1881

2. Principal Place of Business
Suite Apt. #, etc.
City & State
Zip
Country

3. Mailing Address
Suite, Apt. #, Etc.
City & State
Zip
Country

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0812658
Applied For
Not Applicable

5. Certificate of Status Desired: $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent:
John Ott
828 N. Lake Ave #5
Delray Bch, Fla 33483

7. Name and Address of New Registered Agent:
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 of a member or agent (Not the registered agent) 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

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete
PRES. Reed ST. John P.O.Box 967 Delray Bch, Fla 33447-0967	
Vice-Pres John Ott 828 N. Lake Ave #5 Delray Bch, Fla 33483	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Add

CR2E031 (6/99)

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: John M. Ott JOHN M. OTT 4-10-200 (561) 376-7710
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone