

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000020631

1. Entity Name

J.E.F. TOOLS, INC.

Principal Place of Business

13008 BELL CREEK CHASE
RIVERVIEW FL 33569

Mailing Address

13008 BELL CREEK CHASE
RIVERVIEW FL 33569-5727

2. Principal Place of Business

7184 N. SERENOA DR

3. Mailing Address

SAM 2

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SARASOTA FL

City & State

SARASOTA FL

Zip

34241

Country

SARASOTA

Zip

34241

Country

SARASOTA

4. FEI Number

59-3399047

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WEBB, CHARLES W
2172 HILLVIEW STREET
SARASOTA FL

7. Name and Address of New Registered Agent

Name

FEENEY JAMES E

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

7184 N. SERENOA DR

City

SARASOTA

FL

Zip Code

34241

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

TITLE D
NAME FEENEY, JAMES E
STREET ADDRESS 13008 BELL CREEK CHASE
CITY-ST-ZIP RIVERVIEW FL 33569 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME FEENEY JAMES E
STREET ADDRESS 7184 N. SERENOA DR
CITY-ST-ZIP SARASOTA FL 34241 ☒ Change ☐ Addition

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

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

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

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

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

Date

4-28-00

Daytime Phone #

941 376-0333

CR2E034 (9/99)



DO NOT WRITE IN THIS SPACE

FILED

May 16, 2000 8:00 am
Secretary of State

05-16-2000 90118 035 ***150.00