

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P98000043894**
1. Entity Name **JEB Investments of Pinellas, Inc.**

DO NOT WRITE IN THIS SPACE

FILED
Jul 23, 2002 8:00 am
Secretary of State

07-23-2002 90340 029 ***150.00

B0131718

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
207 Disston Avenue S.
Suite, Apt. #, etc.

City & State
Tarpon Springs FL
Zip
34689 Country
Pinellas

3. Mailing Address
207 Disston Avenue S.
Suite, Apt. #, etc.

City & State
Tarpon Springs FL
Zip
34689 Country
Pinellas

4. FEI Number
59-3510717
Applied For
Not Applicable

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

7. Name and Address of Current Registered Agent

Name **John mechas**
Street Address (P.O. Box Number is Not Acceptable)
525 Westwinds Dr.
City **Palm Harbor FL** Zip **34683**

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 re-registering) DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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	John mechas - President 525 Westwinds Drive Palm Harbor FL 34683	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-02

Date

Daytime Phone #