

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000044975

1. Entity Name

JES-X, INC.

FILED

Mar 19, 2001 8:00 am
Secretary of State

03-19-2001 90035 038 ***150.00

Principal Place of Business

Mailing Address

245 S. CHICKASAW TRAIL, SUITE 202
ORLANDO FL 32825

245 S. CHICKASAW TRAIL, SUITE 202
ORLANDO FL 32825

2. Principal Place of Business

3. Mailing Address

425 S. Chickasaw Trail

425 S. Chickasaw Trail

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 202

Suite 202

City & State

City & State

ORLANDO FL

ORLANDO FL

Zip

Country

Zip

Country

32825

USA

32825

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3518761

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MEYER, K
1726 TOWNHALL LANE
ORLANDO FL 32807

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, 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, 2001 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 D
NAME MEYER, K
STREET ADDRESS 1726 TOWNHALL LANE
CITY-ST-ZIP ORLANDO FL 32807 ☐ Delete

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

Daytime Phone #

K. MEYER - President 3/14/2001 407 384-8857

CR2E034 (10/00)