

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2000 8:00 am
Secretary of State
 05-08-2000 90120 001 ***150.00

DOCUMENT # P98000050069

1. Entity Name

JBAR INC.

Principal Place of Business

Mailing Address

519 WILLIAMS LANE
 CRESCENT CITY FL 32112
 US

519 WILLIAMS LANE
 CRESCENT CITY FL 32112-1736
 US

2. Principal Place of Business

3. Mailing Address

900 Buckles Rd
 Suite, Apt. #, etc.
BARBERVILLE FLA.
 City & State

P.O. Box 65
 Suite, Apt. #, etc.
BARBERVILLE FLORIDA.
 City & State

Zip

Country

32105

USA

Zip

Country

32105

USA

4. FEI Number

59-3513748

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

SIMMONS, JAMES E
 519 WILLIAMS LANE
 CRESCENT CITY FL 32112

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 **JAMES E SIMMONS**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	SIMMONS, BARBARA F	
STREET ADDRESS	519 WILLIAMS LANE	
CITY-ST-ZIP	CRESCENT CITY FL 32112	
TITLE	VST	<input type="checkbox"/> Delete
NAME	SIMMONS, JAMES E	
STREET ADDRESS	519 WILLIAMS LANE	
CITY-ST-ZIP	CRESCENT CITY FL 32112	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

JAMES E SIMMONS
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4.25.00

1-904-679-0907