

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90018 050 ***150.00

DOCUMENT # P98000050690

1. Entity Name

JAMAR BILI, INC.

Principal Place of Business

Mailing Address

**8361 HAVFORD DR.
 DELTONA FL 32738**

**8361 HAVFORD DR.
 DELTONA FL 32738**

615401

2. Principal Place of Business

831 Hanford Dr.

3. Mailing Address

831 Hanford Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Deltona, FL

City & State

Deltona, FL

Zip

Country

32738

Zip

Country

32738

4. FEI Number

65-0831290

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

**WRIGHT, WILLIAM B
 6803 N.W. 30TH ST.
 MARGATE FL 33063**

**Wright, William B.
 Street Address (P.O. Box Number is Not Acceptable)
 831 Hanford Dr.**

City Deltona

FL 32738

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	WRIGHT, WILLIAM B	
STREET ADDRESS	831 HANFORD DR.	
CITY-ST-ZIP	DELTONA FL 32738	
TITLE	D	<input type="checkbox"/> Delete
NAME	WRIGHT, MARY M	
STREET ADDRESS	831 HANFORD DR.	
CITY-ST-ZIP	DELTONA FL 32738	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

William B Wright

1/29/00 4073303659

CR2E034 (9/99)