

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000031922

1. Entity Name

JENCRA, INC.

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90241 036 ***158.75

Principal Place of Business 5505 N. ATLANTIC AVE #115 COCOA BCH FL 32931	Mailing Address 5505 N. ATLANTIC AVE #115 COCOA BCH FL 32931-5102
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	Country	Country
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DO NOT WRITE IN THIS SPACE

4. FEI Number	59-3507444	Applied For Not Applicable
5. Certificate of Status Desired	XX	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HARRIS, NORMAN L 201 W. CANTON AVE., STE. B WINTER PARK FL 32789	7. Name and Address of New Registered Agent Name Craig C. Harris Street Address (P.O. Box Number is Not Acceptable) 5505 N Atlantic Ave., Suite 203 City Cocoa Beach FL Zip Code 32931
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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 NAME STREET ADDRESS CITY-ST-ZIP	D HARRIS, NORMAN L 201 W. CANTON AVE., STE. B WINTER PARK FL 32789 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARRIS, CRAIG C 201 W. CANTON AVE., STE. B WINTER PARK FL 32789 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P / D Harris, Craig C. 5505 N. Atlantic Ave, Suite 203 Cocoa Beach, FL 32931 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S / T Carey, Jennifer L. 5505 N. Atlantic Ave., Suite 203 Cocoa Beach, FL 32931 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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

Harris President

04-12-00

Date

Daytime Phone #

(407) 868-6800