

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000070196

1. Entity Name
JA LURES, INC.

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90038 009 ***150.00

Principal Place of Business

Mailing Address

~~RT 1, BOX 149A~~
SAN MATEO FL 32187

RT 1, BOX 149A
SAN MATEO FL 32187-8726

2. Principal Place of Business

253 East End Rd
Suite, Apt. #, etc.

3. Mailing Address

253 East End Rd
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

San Mateo, FL

City & State

San Mateo, FL

4. FEI Number **59-3528747**

Applied For

Not Applicable

Zip

32187

Country

FLORIDA

Zip

32187

Country

FLORIDA

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

ARRINGTON, JACKIE D

~~RT 1, BOX 149A~~ **253 East End Rd**
SAN MATEO FL 32187

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

Jackie Arrington

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

2/23/00

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	ARRINGTON, JERRY S	
STREET ADDRESS	2705 SILVER LAKE DRIVE	
CITY-ST-ZIP	PALATKA FL 32177	
TITLE	D	<input type="checkbox"/> Delete
NAME	ARRINGTON, JACKIE D	
STREET ADDRESS	RT 1, BOX 149A	
CITY-ST-ZIP	SAN MATEO FL 32187	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	253 East End Rd	
STREET ADDRESS	San Mateo, FL 32187	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:

Jackie Arrington

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/23/00

Daytime Phone #

904-328-4178

CR2E034 (9/99)