

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000076902

1. Entity Name

J.J. PEPPERS, INC.

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

05-18-2000 90320 047 ***150.00

Principal Place of Business

2113 SUNTREE DR.
 CLEARWATER FL 33763

Mailing Address

2113 SUNTREE DR.
 CLEARWATER FL 33763-4448

2. Principal Place of Business

2084 BUTTERNUT CIR. W
 Suite, Apt. #, etc.
 Clearwater, FL

3. Mailing Address

P.O. Box 14405
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

| | | | | | |
|--------------------------------|----------------|--------------------------------|----------------|---|--|
| City & State Clearwater, FL | | City & State Clearwater, FL | | 4. FEI Number NOT APPLICABLE | Applied For <input type="checkbox"/> Not Applicable |
| Zip 33763 | Country USA | Zip 33764 | Country USA | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LINTON, PETER JAMES
 2113 SUNTREE DR.
 CLEARWATER FL 33763

| |
|--|
| 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, 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 | P LINTON, P. JAMES 2113 SUN TREE DRIVE CLEARWATER FL 33763 <input 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 | V WISELY, JOE 2084 BUTTERNUT CIR WEST CLEARWATER FL 33763 <input 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 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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:

Joseph M. Wisely
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4.26.00 (727) 446-9551

CR2E034 (9/99)