

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000082753

1. Entity Name  
JEMPO, INC.

**FILED**  
**Mar 16, 2001 8:00 am**  
**Secretary of State**

03-16-2001 90046 046 \*\*\*150.00

Principal Place of Business  
13300-56 S. CLEVELAND  
FT MYERS FL 33907

Mailing Address  
13300-56 S. CLEVELAND AVE  
1500 COLONIAL BLVD, SUITE 105  
FT MYERS FL 33907

2. Principal Place of Business

3. Mailing Address  
13300-56 S. CLEVELAND AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
FT MYERS, FL

4. FEI Number 65-0864677

Applied For  
Not Applicable

Zip

Country

Zip  
33907

Country

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

MAHATZKE, DAVID E  
13300-56 S CLEVELAND AVE  
FT MYERS FL 33907

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, 2001 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	MAHATZKE, JAMES E	
STREET ADDRESS	7 CORONA CIRCLE 2643	
CITY-ST-ZIP	HILLSDALE MI 49242	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MAHATZKE, DAVID E	
STREET ADDRESS	3409 SW 1ST AVE	
CITY-ST-ZIP	CAPE CORAL FL 33914	
TITLE	ST	<input type="checkbox"/> Delete
NAME	MAHATZKE, VIRGINIA L	
STREET ADDRESS	7 CORONA CIRCLE	
CITY-ST-ZIP	HILLSDALE MI 49242	
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	P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAHATZKE, JAMES E.	
STREET ADDRESS	2643 MULLIGAN DR	
CITY-ST-ZIP	JACKSON, MI 49203	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAHATZKE VIRGINIAL.	
STREET ADDRESS	2643 MULLIGAN DR.	
CITY-ST-ZIP	JACKSON, MI 49203	
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: U Mahatzke  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/01  
Date

941-482-5655  
Daytime Phone #

CR2E034 (10/00)