

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000083250

1. Entity Name

A JEWELL FULL SERVICE CATERING, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90056 024 ***150.00

Principal Place of Business

Mailing Address

7222 LINDA DR.
JACKSONVILLE FL 32208
US

7222 LINDA DR.
JACKSONVILLE FL 32208-3557
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3537758

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

HUGHES, PATRICIA E
9051 ADAMS AVE.
JACKSONVILLE FL 32208

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 D
NAME TAYLOR, JAMES
STREET ADDRESS 4614 EFFINGHAM RD.
CITY-ST-ZIP JACKSONVILLE FL 32208

☒ Delete

TITLE D
NAME MALONE, PEGGY
STREET ADDRESS 7222 LINDA DR.
CITY-ST-ZIP JACKSONVILLE FL 32208

☐ Delete

TITLE D
NAME HUGHES, PATRICIA
STREET ADDRESS 9051 ADAMS AVE.
CITY-ST-ZIP JACKSONVILLE FL 32208

☐ Delete

TITLE D
NAME HUGHES, SAM
STREET ADDRESS 8352 CENTURY PT. DR. S
CITY-ST-ZIP JACKSONVILLE FL 32216

☐ Delete

TITLE D
NAME HUGHES, KATRELL
STREET ADDRESS 8352 CENTURY PT. DR. S
CITY-ST-ZIP JACKSONVILLE FL 32216

☒ Delete

TITLE D
NAME WILLIAMS, THERESA
STREET ADDRESS 1735 BROOKER RD.
CITY-ST-ZIP JACKSONVILLE FL 32207

☒ Delete

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Patricia Hughes
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/00

Date

(904) 768-2585

Daytime Phone #

CR2E034 (9/99)