

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****May 16, 2000 8:00 am**
Secretary of State

05-16-2000 90173 049 ***150.00

DOCUMENT # P98000085213

1. Entity Name

J.E. DEPP INVESTMENTS, INC.

Principal Place of Business

Mailing Address

**5121 EHRlich ROAD
SUITE 106-B
TAMPA FL 33624****5121 EHRlich ROAD
SUITE 106-B
TAMPA FL 33624-2015**

2. Principal Place of Business

3. Mailing Address

5121 EHRlich ROAD**5121 EHRlich ROAD**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 107-C**SUITE 107-C**

City & State

City & State

TAMPA, FLORIDA**TAMPA, FLORIDA**

Zip

Country

Zip

Country

33624**USA****33624****USA**

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3532936

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

**ALESSANDRI, P. DAVID
5121 EHRlich ROAD
SUITE 106-B
TAMPA FL 33624**

Name

P. D. ALESSANDRI

Street Address (P.O. Box Number is Not Acceptable)

5121 EHRlich ROAD**SUITE 107-B**

City

TAMPA**FL**

Zip Code

33624

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	<input type="checkbox"/> Delete
	D			
	ALESSANDRI, P. DAVID			
	5121 EHRlich RD- STE 107-B			
	TAMPA FL 33624			

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

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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

Date

Daytime Phone #

Director P. DAVID ALESSANDRI 4/28/00 (813) 969-1995

CR2E034 (9/99)