

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State

0610886

DOCUMENT # P98000088486

1. Entity Name
JENTARAMAX ENTERPRISES, INC.

05-15-2001 90010 027 ***150.00

Principal Place of Business
10800 SOUTHSIDE BLVD
#12
JACKSONVILLE FL 32256

Mailing Address
2455 HARTLEY ROAD
STE 204
JACKSONVILLE FL 32257

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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

2455 Hartley Rd.

Suite, Apt. #, etc.
#650

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3537072**

Applied For
 Not Applicable

Zip

Country

Zip

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

BARRY, THOMAS
5353 DARBY WAY
JACKSONVILLE FL 32257

Name

Street Address (P.O. Box Number is Not Acceptable)
9727 Touchton Rd

Apt 1915

City

JACKSONVILLE

FL

Zip Code

32246

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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
DPST
BARRY, THOMAS
5353 DARBY WAY
JACKSONVILLE FL 32257

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
9727 Touchton Rd, Apt 1915
JACKSONVILLE, FL 32246

☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ 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

4-30-01
 Date

904-463-4522
 Daytime Phone #

CR2E034 (10/00)