

2001 UNIFORM BUSINESS REPORT.(UBR)

DOCUMENT # P98000091652

1. Entity Name

JACK RABBIT EXPRESS, INC

Principal Place of Business

4505 W KNOLLWOOD ST
TAMPA FL 33614

Mailing Address

4505 W KNOLLWOOD ST
TAMPA FL 33614

2. Principal Place of Business

4420 N. HALE ST

Suite, Apt. #, etc.

City & State

TAMPA

Zip
33614

Country

3. Mailing Address

PO Box 15794

Suite, Apt. #, etc.

City & State

TAMPA FL

Zip

33684

Country

FILED
Apr 14, 2001 8:00 am
Secretary of State

04-14-2001 90012 027 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3528953

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

LEAL, GINA
4505 W KNOLLWOOD ST
TAMPA FL 33614

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 ☐ Delete
NAME P
STREET ADDRESS LEAL, GINA
CITY-ST-ZIP 4505 W KNOLLWOOD ST
TAMPA FL 33614

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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:

Gina Leal, Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

470-01 813927-4461

CR2E034 (10/00)