

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000094356

1. Entry Name

JESSIE & FRANCINA TOLBERT INC

Principal Place of Business

Mailing Address

3343 N University Dr  
Suite 1F  
Davie FL 33024

1070 NW 184 Terrace  
Pembroke Pines FL  
33029

2. Principal Place of Business

3343 N University Dr

3. Mailing Address

1070 NW 184 Terrace

Suite, Apt. #, etc.  
Suite 1F

Suite, Apt. #, etc.

City & State

Davie FL 33024

City & State

Pembroke Pines FL

Zip

33024

Country

Zip

33029

Country

4. FEI Number

65-0875149

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

FILED

02 FEB 26 PM 2:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

6. Name and Address of Current Registered Agent

Tangela Mobley  
1070 NW 184 Terrace  
Pembroke Pines FL 33029

7. Name and Address of New Registered Agent

Name  
Jessie Tolbert

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

Pembroke Pines FL 33029

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

*Jessie Tolbert*

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, 2002 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

TITLE PSD  
NAME TOLBERT Jessie J  
STREET ADDRESS 1070 NW 184 Terrace  
CITY-ST-ZIP Pembroke Pines FL 33029 ☐ Delete

TITLE VPT  
NAME TOLBERT Francina  
STREET ADDRESS 1070 NW 184 Terrace  
CITY-ST-ZIP Pembroke Pines FL 33029 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ 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:

*Jessie Tolbert*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/02 (954)438-3728

Date

Daytime Phone

CR20034 (11/00)