

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000096315

1. Entity Name
UNION JACK BRITISH GOODS, INC.

FILED
Feb 28, 2001 8:00 am
Secretary of State

02-28-2001 90096 020 ***150.00

Principal Place of Business
5770 W. IRLO BRONSON HIGHWAY #173
KISSIMMEE FL 34746

Mailing Address
5770 W. IRLO BRONSON HIGHWAY #173
KISSIMMEE FL 34746



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
ABOVE
Suite, Apt. #, etc.
173
City & State
KISSIMMEE FL.
Zip
34746
Country
USA

3. Mailing Address
Suite, Apt. #, etc.
City & State
City & State
Zip
Country

4. FEI Number 59-3557783
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
A.G.C. CO.
200 SOUTH ORANGE AVENUE
2300 SUN BANK CENTER
ORLANDO FL 32802

7. Name and Address of New Registered Agent
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	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TZEN, JOAN		NAME		
STREET ADDRESS	5770 W. IRLO BRONSON HIGHWAY #173		STREET ADDRESS		
CITY-ST-ZIP	KISSIMMEE FL 34746		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: J. Tzen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 1-7-01
Daytime Phone # 407 397 6037

CR2E034 (10/00)