## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # **P98000097782**

1. Entity Name

J & B MAID SERVICE, INC.

Principal Place of Business Mailing Address 11223 BEAVERBANK STREET 11223 BEAVERBANK STREET BROOKSVILLE FL 34614 BROOKSVILLE FL 34614-3014 ~ ~ ~ ~ ~ T O 1 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number City & State City & State Applied For *59354537*4 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RICH, BARBIE JO Street Address (P.O. Box Number is Not Acceptable) 11223 BEAVERBANK STREET **BROOKSVILLE FL 34614** Zip Code City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. CR2E034 (9/99 TITLE □ Defete ☐ Change RICH, BARBIE JO NAME 11223 BEAVERBANK STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BROOKSVILLE FL 34614** ☐ Change ☐ Addition ☐ Delete TITLE TITLE KEPNER, JUDITH ANN NAME NAME 11223 BEAVERBANK STREET STREET ADDRESS STREET ADDRESS **BROOKSVILLE FL 34614** CITY-ST-ZIP CITY-ST-ZIP ☐ Dek:te ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Channe noitibba [7] ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change ☐ Delete TITLE Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE NAME STREET ADDRESS 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

Feb 24, 2000 8:00 am

Secretary of State

02-24-2000 90028 014 \*\*\*150.00