

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000099632

1. Entity Name

J. FLIPTON, INC.

FILED
May 11, 2000 8:00 am
Secretary of State

05-11-2000 90313 050 ***150.00

Principal Place of Business

Mailing Address

5025-5029 28TH AVE SO
GULFPORT FL 33707
US

5025-5029 28TH AVE SO
GULFPORT FL 33707-5469
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3581665

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

HORNECK, GARY A
5029 28TH AVENUE SOUTH, NO. 5
GULFPORT FL 33707

Name

GARRET R. COOK

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

5025 28TH AVENUE SOUTH NO 2

City

GULFPORT

FL

Zip Code

33707

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 GARRET R. COOK

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4.27.00

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, 2000 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 PD ☐ Delete
NAME COOK, GARRET R
STREET ADDRESS POST OFFICE BOX 530331 N/A
CITY-ST-ZIP ST. PETERSBURG FL 33747

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

TITLE VPD ☐ Delete
NAME HORNECK, GARY A
STREET ADDRESS POST OFFICE BOX 530331 N/A
CITY-ST-ZIP ST. PETERSBURG FL 33747

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

TITLE STD ☐ Delete
NAME HORNECK, MARY G
STREET ADDRESS POST OFFICE BOX 530331 N/A
CITY-ST-ZIP ST. PETERSBURG FL 33747

TITLE ☐ Change ☐ Addition
NAME
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04.06.00

Date

727-322-0991

Daytime Phone #

CR2E034 (9/99)