

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000102232

1. Entity Name

J & D ENTERPRISES OF ENGLEWOOD, INC.

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90036 025 ***150.00

Principal Place of Business

Mailing Address

2780 IVY STREET
ENGLEWOOD FL 34224

2780 IVY STREET
ENGLEWOOD FL 34224-7773

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 **65-0883154**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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 *LC* *[Signature]*
Signature, typed or printed name of registered agent and date, 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, 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

TITLE	PD	☐ Delete
NAME	CARVEY, LARRY T	
STREET ADDRESS	2780 IVY STREET	
CITY-ST-ZIP	ENGLEWOOD FL 34224	
TITLE	TD	☐ Delete
NAME	CARVEY, DARLA J	
STREET ADDRESS	2780 IVY STREET	
CITY-ST-ZIP	ENGLEWOOD FL 34224	
TITLE	VD	☐ Delete
NAME	GAMBER, EARL R	
STREET ADDRESS	2780 IVY STREET	
CITY-ST-ZIP	ENGLEWOOD FL 34224	
TITLE	SD	☐ Delete
NAME	GAMBER, JOYE	
STREET ADDRESS	2780 IVY STREET	
CITY-ST-ZIP	ENGLEWOOD FL 34224	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-12-00 941-474-4824

CR2E034 (9/99)