

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000105666

1. Entity Name

J & L VIBES, INC

FILED
May 10, 2000 8:00 am
Secretary of State

05-10-2000 90181 014 ***150.00

Principal Place of Business

Mailing Address

5042 BOATHOUSE DRIVE
ORLANDO FL 32812

5042 BOATHOUSE DRIVE
ORLANDO FL 32812

2. Principal Place of Business

5042 BOATHOUSE DRIVE
Suite, Apt #, etc.

3. Mailing Address

5042 BOATHOUSE DR.
Suite, Apt #, etc.

City & State
ORLANDO FL

Zip
32812

Country

City & State
ORLANDO FL

Zip
32812

Country

4. FEI Number

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

80089354

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ELIZABETH HART
5042 BOATHOUSE DRIVE
ORLANDO FL 32812

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, 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	PRESIDENT	<input type="checkbox"/> Delete
NAME	ELIZABETH HART	
STREET ADDRESS	5042 BOATHOUSE DR.	
CITY-ST-ZIP	ORLANDO FL 32812	
TITLE	VICE-PRESIDENT	<input type="checkbox"/> Delete
NAME	FRANCIS GEORGE	
STREET ADDRESS	5042 BOATHOUSE DR.	
CITY-ST-ZIP	ORLANDO FL 32812	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

ELIZABETH HART

04-12-00 (407)381-9089

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #