

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 08, 2000 8:00 am**  
**Secretary of State**

02-08-2000 90053 028 \*\*\*150.00

**DOCUMENT # P99000010443**

1. Entity Name

**J.E.K. ENTERPRISES INC.**

Principal Place of Business

600 S. OCEAN DR.  
 FT. PIERCE FL 34949

Mailing Address

600 S. OCEAN DR.  
 FT. PIERCE FL 34949-3210

**B0014073**

2. Principal Place of Business

**1781 Binney Dr**  
 Suite, Apt. #, etc.

3. Mailing Address

**1781 Binney Dr**  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

**FT Pierce Fla**

City & State

**FT Pierce Fla**

4. FEI Number

**59-3563283**

Applied For

Not Applied For

Zip

**34949**

Country

**USA**

Zip

**34949**

Country

**U.S.A.**

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**HARTMAN, J. MICHAEL**  
**312 WEST FIRST STREET STE. 612**  
**SANFORD FL 32771**

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 ☐ Delete  
 NAME **D. KLEINSCHMIDT, JAMES E**  
 STREET ADDRESS **600 S. OCEAN DR.**  
 CITY-ST-ZIP **FT. PIERCE FL 34949**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☐ Delete  
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 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, or on an attachment with an address, with all other like empowered.

SIGNATURE: **J. Kleinschmidt**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8-31-00**  
 Date

**561 460 8894**  
 Daytime Phone #