

2000 UNIFORM BUSINESS REPORT (UBR)

9/13/00-90057-012-\$150.00-\$150.00

DOCUMENT # P99000013249

1. Entity Name

JBTAPE, INC.

Principal Place of Business

13640 BRYNWOOD LANE
FT. MYERS FL 33912

Mailing Address

13640 BRYNWOOD LANE
FT. MYERS FL 33912

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-091-0199

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LUSK, LISA M
202 DEL PRADO BLVD.
CAPE CORAL FL 33990

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 of individual 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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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
NAME
STREET ADDRESS
CITY-ST-ZIP

D
BUSH, JEFFREY
13640 BRYNWOOD LANE
FT. MYERS FL 33912

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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☐ Change ☐ Addition

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

9/11/00

Daytime Phone #

CR2E034 (5/00)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT -2 AM 11:51

A007746Z



DO NOT WRITE IN THIS SPACE

September 26, 2000

Florida Department of State
Subject: JBTAPE, INC.

Reference Number: P99000013249

My telephone conversations indicate that it is understood as reasonable, the fact that I indicate I never received the initial filing notification you claim to have mailed in January.

I pay my bills on time and have the cash flow needed to accomplish this in a timely manner. I assure you if a bill from the Florida Department of State were in my hands it would have been paid on time.

Thank you for understanding the problem. My initial check for \$150 was never returned. I can only assume you kept this on file or already cashed.

Please re-instate any temporary dissolution and I look forward to a more simple relationship in these matters, as I will call your office if I do not receive these annual tax bills in the month of January.

Regards,


Jeffrey Bush