

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000017774

1. Entity Name

JC PROPERTY MANAGEMENT & REPAIR, INC.

**FILED**  
**Jan 21, 2000 8:00 am**  
**Secretary of State**

01-21-2000 90074 024 \*\*\*150.00

Principal Place of Business

Mailing Address

4300 US HWY 1 SOUTH,STE.203-199  
JUPITER FL 33477

4300 US HWY 1 SOUTH,STE.203-199  
JUPITER FL 33477-1198



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

4300 US Hwy One South

4300 U.S. Hwy One South

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 203-199

Suite 203-199

City & State

City & State

Jupiter, FL

Jupiter, FL

Zip

Country

Zip

Country

33477

USA

33477

USA

4. FEI Number

65-0902237

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

COKER, JOHN  
4300 US HWY 1 SOUTH,STE.203-199  
JUPITER FL 33477

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

John Coker

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

(NOTE: Registered Agent signature required when reinstating)

1/13/2000

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	D	<input type="checkbox"/> Delete
NAME	COKER, JOHN	
STREET ADDRESS	4300 US HWY 1 SOUTH,STE.203-199	
CITY-ST-ZIP	JUPITER FL 33477	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/2000

Date

561-747-9686

Daytime Phone #

CP2E034 (9/99)