

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P990000018733

1. Entity Name

JARRELL AUTOMOTIVE GROUP, INC.

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90256 011 ***150.00

Principal Place of Business

Mailing Address

320 - C DIVISION AVE
ORMOND BEACH FL 32174

320 - C DIVISION AVE
ORMOND BEACH FL 32174-8800

2. Principal Place of Business

1575 AVIATION CIR. PLWY

3. Mailing Address

1575 AVIATION CIR. PLWY.

Suite, Apt. #, etc.

517

Suite, Apt. #, etc.

517

City & State

DAYTONA BEACH, FLORIDA

City & State

DAYTONA BEACH, FLORIDA

Zip

32114

Country

USA

Zip

32114

Country

USA

4. FEI Number

59-3565194

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

7. Name and Address of New Registered Agent

JARRELL, JUDITH A
101 TROPIC BIRD CT.
DAYTONA BEACH FL 32119

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	P
STREET ADDRESS	TERRY L. JARRELL
CITY-ST-ZIP	1198 SOUTHAMPTON DRIVE PORT ORANGE, FL. 32119
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Y
STREET ADDRESS	JERRY L. JARRELL
CITY-ST-ZIP	101 TROPIC BIRD CT. DAYTONA BEACH, FL. 32114
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	S
STREET ADDRESS	JUDITH A. JARRELL
CITY-ST-ZIP	101 TROPIC BIRD CT. DAYTONA BEACH, FL. 32114
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	T
STREET ADDRESS	MAUREEN E. JARRELL
CITY-ST-ZIP	1198 SOUTHAMPTON DRIVE PORT ORANGE, FL. 32119
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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TERRY L. JARRELL

4-12-00

Date

904-852-0466

Daytime Phone #

CR2E034 (9/99)