

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000021022

1. Entity Name

JEBA STONE, INC.

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90046 032 ***150.00

Principal Place of Business

Mailing Address

1824 LEWELLYN DR
FT MYERS FL

1824 LEWELLYN DR
FT MYERS FL 33901-5822

2. Principal Place of Business

1824 Llewellyn Dr.
Suite, Apt. #, etc.

3. Mailing Address

1824 Llewellyn Dr.
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Ft Myers, FL

City & State

Ft. Myers, FL

4. FEI Number

65-0903557

Applied For

Not Applicable

Zip

Country

33901 USA

Zip

Country

33901

USA

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

ASHCRAFT, JEFFREY
1824 LEWELLYN DR
FT MYERS FL

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	D	<input type="checkbox"/> Delete
NAME	ASHCRAFT, JEFFREY	
STREET ADDRESS	1824 LEWELLYN DR	
CITY-ST-ZIP	FT MYERS FL	
TITLE	Vice President - V	<input type="checkbox"/> Delete
NAME	Robert L. Ashcraft	
STREET ADDRESS	1824 Llewellyn Dr.	
CITY-ST-ZIP	Ft. Myers, FL 33901	
TITLE	Vice President - V	<input type="checkbox"/> Delete
NAME	Elijah D. Ashcraft	
STREET ADDRESS	301 S.E. 13th St. #300	
CITY-ST-ZIP	Gainesville, FL 32608	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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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

4/13/00 941-337-6278
Date Daytime Phone #

CR2E034 (9/99)