

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **799000021022**

1. Entity Name

JEBA STONE, Inc.

Principal Place of Business

Mailing Address

**1824 Llewellyn Dr.
Ft. Myers, Florida
33901**

**1824 Llewellyn Dr.
Ft. Myers, Florida
33901**

2. Principal Place of Business

3. Mailing Address

1824 Llewellyn Dr.

1824 Llewellyn Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ft. Myers, Florida

City & State

Ft. Myers, Florida

Zip

33901

Country

USA

Zip

33901

Country

USA

4. FEJ Number

650903557

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

**JEFF L. Ashcraft
1824 Llewellyn Dr.
Ft. Myers, Florida
33901**

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, 2001 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	P - President	☐ Delete
NAME	Jeff L. Ashcraft	
STREET ADDRESS	1824 Llewellyn Dr.	
CITY-ST-ZIP	Ft. Myers, FL 33901	
TITLE	Robert L. Ashcraft	☐ Delete
NAME	Robert L. Ashcraft	
STREET ADDRESS	1824 Llewellyn Dr.	
CITY-ST-ZIP	Ft. Myers, FL 33901	
TITLE	V - Vice President	☐ Delete
NAME	Elijah D. Ashcraft	
STREET ADDRESS	425 NW 10th Avenue	
CITY-ST-ZIP	Gainesville, Florida 32601	
TITLE	V - Vice President	☐ Delete
NAME	Robert L. Ashcraft	
STREET ADDRESS	1824 Llewellyn Dr.	
CITY-ST-ZIP	Ft. Myers, Florida 33901	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91287 020 ***150.00

A0067731

DO NOT WRITE IN THIS SPACE

CR2E034 (11/00)

4/26/01 (941-565-8444)