

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000024309

1. Entity Name

JR ENGINEERING ENTERPRISES, INC.

**FILED**  
**Mar 06, 2000 8:00 am**  
**Secretary of State**

03-06-2000 90061 008 \*\*\*150.00

Principal Place of Business

Mailing Address

1651 SAND KEY ESTATES I-63  
 CLEARWATER FL 33767

1651 SAND KEY ESTATES I-63  
 CLEARWATER FL 33767-2976

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

701 JARVIS ST

City & State

Port Charlotte

Zip

33948

Country

USA

Suite, Apt. #, etc.

701 JARVIS ST

City & State

Port Charlotte

Zip

33948

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

593572706

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

ROSSMAN, JACK

1651 SAND KEY ESTATES I-63  
 CLEARWATER FL 33767

Name

JACK ROSSMAN

Street Address (P.O. Box Number is Not Acceptable)

701 JARVIS STREET

City

Port Charlotte

FL

Zip Code

33948

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

*Chg. Reg. Office*

*JACK ROSSMAN*

2/29/00

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	PVST	<input type="checkbox"/> Delete
NAME	ROSSMAN, JACK	
STREET ADDRESS	1651 SAND KEY ESTATES I-63	
CITY-ST-ZIP	CLEARWATER FL 33767	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROSSMAN, JACK	
STREET ADDRESS	1651 SAND KEY ESTATES I-63	
CITY-ST-ZIP	CLEARWATER FL 33767	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PVST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACK ROSSMAN	
STREET ADDRESS	701 JARVIS ST.	
CITY-ST-ZIP	Port Charlotte, FL 33948	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACK ROSSMAN	
STREET ADDRESS	701 JARVIS ST.	
CITY-ST-ZIP	Port Charlotte, FL 33948	
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		
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 all other like empowered.

SIGNATURE:

*JACK ROSSMAN*

2/29/99

(787)-403-1646

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)