

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 12, 2000 8:00 am  
Secretary of State

01-12-2000 90028 007 \*\*\*150.00

DOCUMENT # P99000026746

1. Entity Name

JIM LOPEZ SERVICES INC.

Principal Place of Business

Mailing Address

12701 N. 50TH ST. STE. F-11  
TAMPA FL 33617-1029

12701 N. 50TH ST. STE. F-11  
TAMPA FL 33704-3237

2. Principal Place of Business

808 24<sup>th</sup> Ave. North

3. Mailing Address

808 24<sup>th</sup> Ave. North

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

St. Petersburg FL 33704

City & State

St. Petersburg, FL 33704

Zip

33704

Country

U.S.A.

Zip

33704

Country

U.S.A.

4. FEI Number

59-3565162

Applied For

Not Applied For

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

LOPEZ, JIM

12701 N. 50TH ST. STE. F-11  
TAMPA FL 33617-1029

7. Name and Address of New Registered Agent

Name

Lopez, Jim

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

808 24<sup>th</sup> Ave. North

City

St. Petersburg,

FL

Zip Code

33704

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

1/3/00

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

TITLE	President	<input checked="" type="checkbox"/> Delete
NAME	Jim Lopez	
STREET ADDRESS	808 24 <sup>th</sup> Ave North	
CITY-ST-ZIP	12701 N. 50th St. Ste. F-11 Tampa, FL 33617-1029	
TITLE	Vice President	<input checked="" type="checkbox"/> Delete
NAME	Jim Lopez	
STREET ADDRESS	808 24 <sup>th</sup> Ave North	
CITY-ST-ZIP	12701 N. 50th St. Ste. F-11 Tampa, FL 33617-1029	
TITLE	Treasurer	<input checked="" type="checkbox"/> Delete
NAME	Jim Lopez	
STREET ADDRESS	808 24 <sup>th</sup> Ave North	
CITY-ST-ZIP	12701 N. 50th St. Ste. F-11 Tampa, FL 33617-1029	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input type="checkbox"/> Change
NAME	Jim Lopez	
STREET ADDRESS	808 24 <sup>th</sup> Ave. North	
CITY-ST-ZIP	St. Petersburg FL 33704	
TITLE	Vice President	<input type="checkbox"/> Change
NAME	Jim Lopez	
STREET ADDRESS	808 24 <sup>th</sup> Ave North	
CITY-ST-ZIP	St. Petersburg, FL 33704	
TITLE	Treasurer	<input type="checkbox"/> Change
NAME	Jim Lopez	
STREET ADDRESS	808 24 <sup>th</sup> Ave North	
CITY-ST-ZIP	St. Petersburg, FL 33704	
TITLE		<input type="checkbox"/> Change
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change
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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/3/00 (727) 824-0744  
Date Daytime Phone #