

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000028711

1. Entity Name

JUBILEE TECHNOLOGIES INC.

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

04-28-2000 90033 024 ***150.00

Principal Place of Business 1623 GULF TO BAY BLVD. CLEARWATER FL 33755	Mailing Address 1623 GULF TO BAY BLVD. CLEARWATER FL 33755-6421
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2. Principal Place of Business 1623 Gulf to Bay Blvd Suite, Apt. #, etc.	3. Mailing Address 1623 Gulf to Bay Blvd Suite, Apt. #, etc.
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City & State Clearwater FL	City & State Clearwater FL
Zip 33755	Country USA

4. FEI Number 59-3566637	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

QUEEN, JEFF
2552 COUNTRYSIDE PINES DR.
CLEARWATER FL 33761

New Address

7. Name and Address of New Registered Agent

Name: Jeff Queen
Street Address (P.O. Box Number is Not Acceptable)
2636 W Grand Reserve Cir
City: Clearwater FL Zip Code: 33759

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 NAME STREET ADDRESS CITY-ST-ZIP	Jeff Queen, President 2636 W Grand Reserve Cir Clearwater FL 33759	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

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

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, trustee, or 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

4/20/00

Date

Daytime Phone #

CR2E034 (9/99)