

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000033346

1. Entity Name

JEANNE'S JEWELS, INC.

FILED

Jan 26, 2001 8:00 am
Secretary of State

01-26-2001 90044 007 ***150.00

Principal Place of Business

9 FAR WINDS WAY
BUFFALO NY 14226

Mailing Address

9 FAR WINDS WAY
BUFFALO NY 14226

2. Principal Place of Business

9 Four Winds Way

3. Mailing Address

9 Four Winds Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Amherst NY

City & State

Amherst, NY

Zip

14226

Country

USA

Zip

14226

Country

USA

4. FEI Number 59-3574311

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

CORPORATION SERVICE COMPANY
1201 HAYS ST
TALLAHASSEE FL 32301

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 PD
NAME ALFIERO, JEANNE ☐ Delete
STREET ADDRESS 276 LEWIS CIR #112
CITY-ST-ZIP PUNTA GORDA FL 33950

TITLE President
NAME Alfiero, Jeanne ☐ Change ☐ Addition
STREET ADDRESS 693 Crockett Circle
CITY-ST-ZIP Naples, FL 34104

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

Jeanne Alfiero Jeanne Alfiero
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR President

1/19/01

Date

716/831-0471

Daytime Phone #

CR2E034 (10/00)