

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000034781

1. Entity Name

E & J RESOURCES, INC.

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90039 004 ***150.00

Principal Place of Business

4903 WATER OAK COURT
PALM BEACH GARDENS FL 33410

Mailing Address

4903 WATER OAK COURT
PALM BEACH GARDENS FL 33410-4439

D0030097



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2655 N. Ocean Dr.

3. Mailing Address

2655 N. Ocean Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 403

Suite 403

City & State

City & State

Singer Island, FL

Singer Island, FL

Zip

Country

Zip

Country

33404

USA

33404

USA

4. FEI Number

165-0911618

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JAEKEL, ELLEN D
4903 WATER OAK COURT
PALM BEACH GARDENS FL 33410

7. Name and Address of New Registered Agent

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, 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 PD
NAME JAEKEL, ELLEN D
STREET ADDRESS 4903 WATER OAK COURT
CITY-ST-ZIP PALM BEACH GARDENS FL 33410

☐ Delete

TITLE VD
NAME JAEKEL, JEFFREY T
STREET ADDRESS 4903 WATER OAK COURT
CITY-ST-ZIP PALM BEACH GARDENS FL 33410

☐ Delete

TITLE
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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ 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 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:

Ellen Jaekel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-14-00

Date

(561) 845-9327

Daytime Phone #