

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000048049

1. Entity Name

JUBILEE AUTO-MOTIVES INC.

FILED
Apr 23, 2000 8:00 am
Secretary of State

04-23-2000 90022 009 ***150.00

Principal Place of Business

1455 MARKET CIRCLE BLDG 10 UNIT 6
PORT CHARLOTTE FL 33954

Mailing Address

1455 MARKET CIRCLE BLDG 10 UNIT 6
PORT CHARLOTTE FL 33953-3822

2. Principal Place of Business

250 BOCA GRANDE BLVD.

3. Mailing Address

3069 ROCK CREEK DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PUNTA GORDA, FL

City & State

PORT CHARLOTTE, FL

Zip
33950

Country

CHARLOTTE

Zip

33948

Country

CHARLOTTE

4. FEI Number

65-0924343

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

BROWN, RUSSELL C
3069 ROCK CREEK DRIVE
PORT CHARLOTTE FL 33948

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President
Russell C. Brown
3069 Rock Creek Drive
Port Charlotte, FL 33948

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Secretary/Treasurer
Deborah A. Brown
3069 Rock Creek Drive
Port Charlotte FL 33948

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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☐ 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: Russell C. Brown
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/2000 (941) 637-0600
Date Daytime Phone #

CR2E034 (9/99)