

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000049882

1. Entity Name

JB MILLWORK, INC.

FILED
May 10, 2000 8:00 am
Secretary of State

05-10-2000 90085 030 ***150.00

Principal Place of Business

Mailing Address

11079 GLENWOOD DRIVE
CORAL SPRINGS FL 33065

11079 GLENWOOD DRIVE
CORAL SPRINGS FL 33064-8703

2. Principal Place of Business

3. Mailing Address

4400 N.W. 19th Avenue

4400 N.W. 19th Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite H

Suite H

City & State

City & State

Pompano Beach, FL

Pompano Beach, FL

Zip

Country

Zip

Country

33064

USA

33064

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BEUCHERT, BRUCE
11079 GLENWOOD DRIVE
CORAL SPRINGS FL 33065

Name

Beuchert, Bruce

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

4400 N.W. 19th Avenue

Suite H

City

Pompano Beach

FL

Zip Code

33064

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

BRUCE BEUCHERT JR. PRESIDENT 4-27-2000

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
PSD
BEUCHERT, BRUCE
1240 SE 8TH STREET
DEERFIELD BEACH FL 33441 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VTD
PENSE, JEFFREY
10290 NW 60TH PLACE
PARKLAND FL 33076 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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☐ Delete

TITLE
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
BRUCE BEUCHERT JR. 4/27/00 (959) 977-3180
Date Daytime Phone #