

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000051089

1. Entity Name

JENNIFER'S FLEA MARKET SHOP, INC.

FILED
Sep 05, 2000 8:00 am
Secretary of State

09-05-2000 90029 017 ***150.00

Principal Place of Business

Mailing Address

4648 HIGHWAY 90
PACE FL 32571

4648 HIGHWAY 90
PACE FL 32571-1411

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3618921

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PENNA, JENNIFER
4648 HIGHWAY 90
PACE FL 32571

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
D
PENNA, JENNIFER
4648 HIGHWAY 90
PACE FL 32571 ☐ Delete

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

TITLE
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CITY-ST-ZIP ☐ Delete

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TITLE
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/31/00

Date

(850) 975-5153

Daytime Phone #

CR2E034 (9/99)

Attachment doc #
P99000051089
DW83534

**JENNIFER'S
FLEA MARKET SHOP
4648 HIGHWAY 90
PACE, FLORIDA 32571
PHONE: (850) 995-5153**

August 25, 2000

Florida Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32314

RE: 2000 Uniform Business Report Document #P99000051089
Jennifer's Flea Market Shop, Inc.
Request for waiver of penalty

Dear Sir:

I am forwarding the UBR form along with my check in the amount of \$150.00.

I am requesting a waiver for the late submission fee in the amount of \$350.00 due to the following reasons:

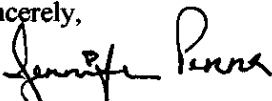
Paying the large penalty amount would definitely be a hardship on my small business.

I assure you I did not intentionally ignore the form. I had no bookkeeper in my office at the time, and I have no bookkeeping or tax experience of my own. At the time, I relied on my accountant to let me know the tax forms I should expect to file and this form was never mentioned to me. I don't really know how it happened, but somehow the UBR was simply overlooked.

I will be most grateful if the requested waiver can be granted.

Thank you for your consideration.

Sincerely,



Jennifer Penna, Owner