

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000051089

1. Entity Name

JENNIFER'S FLEA MARKET SHOP, INC.

FILED
Apr 09, 2003 8:00 am
Secretary of State

04-09-2003 90196 002 ***150.00

Principal Place of Business

4648 HIGHWAY 90
PACE FL 32571

Mailing Address

4648 HIGHWAY 90
PACE FL 32571

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

1301 W. Garden Street
Pensacola FL 32501-4504

City & State

FEI Number 59-3618921

Applied For

Not Applicable

Zip

Country

Zip

Country

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

PENNA, JENNIFER
4648 HIGHWAY 90
PACE FL 32571

Name

Street

Bass & Sandfort Accountants, Inc.
1301 W. Garden Street
Pensacola FL 32501-4504

City

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 re-registering)

(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, 2002 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	Change	Addition
<input type="checkbox"/> Delete	D	PENNA, JENNIFER	4648 HIGHWAY 90 PACE FL 32571	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<input type="checkbox"/> Delete				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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<input type="checkbox"/> Delete				<input type="checkbox"/> Change	<input type="checkbox"/> Addition

CR2E034 (9/01)

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

Date

Filing Fee

7/21/03