

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000053938

1. Entity Name

JR.'S WORK SPACE INC.

FILED

May 24, 2000 8:00 am  
Secretary of State

05-24-2000 90034 027 \*\*\*158.75

Principal Place of Business

628 52ND AVENUE SOUTH  
SAINT PETERSBURG FL 33705

Mailing Address

628 52ND AVENUE SOUTH  
SAINT PETERSBURG FL 33705-4956

2. Principal Place of Business

2322 - 7th Street S.

3. Mailing Address

628-52ND Avenue S

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Saint Petersburg, FL

City & State

Saint Petersburg, FL

4. FEI Number

59-3585525

Applied For

Not Applicable

Zip

33705-3010

Country

America

Zip

33705-4956

Country

America

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

CAMBRIDGE, MICHAEL D SR.  
628 52ND AVENUE SOUTH  
SAINT PETERSBURG FL 33705

Name Cambridge, Micheal D. SR.

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

2322 - 7th Street South

Saint Petersburg, FL

33705-3010

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 D  
NAME CAMBRIDGE, MICHAEL D  
STREET ADDRESS 628 52ND AVENUE SOUTH  
CITY-ST-ZIP SAINT PETERSBURG FL 33705 ☐ Delete

TITLE CEO  
NAME Cambridge, Micheal D.  
STREET ADDRESS 628-52ND Avenue South  
CITY-ST-ZIP Saint Petersburg, FL 33705 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE President  
NAME Willard, David  
STREET ADDRESS 820-18th Avenue South  
CITY-ST-ZIP Saint Petersburg, FL 33705 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE Vice President  
NAME Andrade, ALCIDEZ A.  
STREET ADDRESS 628-52ND Avenue South  
CITY-ST-ZIP Saint Petersburg, FL 33705 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE Treasurer  
NAME Hughes, Adelle  
STREET ADDRESS 2543-61st Avenue South  
CITY-ST-ZIP Saint Petersburg, FL 33712 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE Secretary  
NAME Lane, Lashone  
STREET ADDRESS 2254-21st Avenue South  
CITY-ST-ZIP Saint Petersburg, FL 33712 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ 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

Date

Daytime Phone #

(727) 5-1-00 825-0346

CR2E034 (9/99)