

2000 UNIFORM BUSINESS REPORT (UBR)

2/11/00-90027-030-\$150.00-\$150.00

DOCUMENT # P99000055798

1. Entity Name

CJIS GROUP, INC.

Principal Place of Business

2012 WALDEN RD.
TALLAHASSEE FL 32311

Mailing Address

2012 WALDEN RD.
TALLAHASSEE FL 32311-5405

2. Principal Place of Business

2361 SURF RD.

Suite, Apt. #, etc.

3. Mailing Address

2361 SURF RD.

Suite, Apt. #, etc.

City & State

OLCHLOCKONEE BAY, FL

City & State

OLCHLOCKONEE BAY, FL

4. FEI Number

59-3529749

Applied For

Not Applied

Zip

32346

Country

USA

Zip

32346

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DOYLE, PATRICK J

2012 WALDEN RD.

TALLAHASSEE FL 32311

7. Name and Address of New Registered Agent

Name PATRICK J. DOYLE

Street Address (P.O. Box Number is not acceptable)
2361 SURF RD.

City OLCHLOCKONEE BAY,

FL

Zip Code 32346

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

Patrick J. Doyle PATRICK J. DOYLE

2/1/00

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)

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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

TITLE PRESIDENT
NAME PATRICK J. DOYLE
STREET ADDRESS 2361 SURF RD.
CITY-ST-ZIP OLCHLOCKONEE BAY, FL 32346

☐ Delete

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

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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:

Patrick J. Doyle SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/00

DATE

850 984-1167

Daytime Phone #

FILED

00 MAR 21 PM 4:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

SP