

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000057546

1. Entity Name

J & J NATURAL PRODUCTS, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90375 025 ***150.00

Principal Place of Business

3127 MONTAGUE AVENUE
SPRING HILL FL 34608

Mailing Address

POST OFFICE BOX 5815
SPRING HILL FL 34611-5815

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3584454

Applied For

Not Applicable

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

RAMSEY, JACK P JR.
3127 MONTAGUE AVENUE
SPRING HILL FL 34608

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

Jack P Ramsey Jr

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/18/00

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	<input type="checkbox"/> Delete	TITLE	PIT	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME		NAME	JACK P RAMSEY JR.		
STREET ADDRESS		STREET ADDRESS	3127 MONTAGUE AVE.		
CITY-ST-ZIP		CITY-ST-ZIP	SPRING HILL, FL 34608		
TITLE	<input type="checkbox"/> Delete	TITLE	V/S	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME		NAME	JODI L. RAMSEY JR.		
STREET ADDRESS		STREET ADDRESS	3127 MONTAGUE AVE.		
CITY-ST-ZIP		CITY-ST-ZIP	SPRING HILL, FL 34608		
TITLE	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			

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:

Jack P Ramsey Jr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JACK P. RAMSEY JR. 4/18/00 352-540-4143

CR2E034 (9/99)