

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000064640

1. Entity Name

PREFERRED PROCESSING CENTER, INC.

FILED
Apr 07, 2000 8:00 am
Secretary of State

04-07-2000 90034 034 ***150.00

Principal Place of Business

Mailing Address

3930 SAN JOSE PARK
JACKSONVILLE FL 32217

3930 SAN JOSE PARK
JACKSONVILLE FL 32217-4613

2. Principal Place of Business

4201 BAYMEADOWS ROAD

3. Mailing Address

4201 BAYMEADOWS ROAD

Suite, Apt. #, etc.

SUITE #2

Suite, Apt. #, etc.

SUITE 2

City & State

JACKSONVILLE, FL

City & State

JACKSONVILLE, FL

4. FEI Number

59-3589150

Applied For

Not Applicable

Zip

32217

Country

FLORIDA

Zip

32217

Country

FLORIDA

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

JENNINGS, JUDITH C
3930 SAN JOSE PARK
JACKSONVILLE FL 32217

Name

JENNINGS, JUDITH C.

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

4201 BAYMEADOWS ROAD, STE 2

City

JACKSONVILLE,

FL

Zip Code

32217

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

Judith C Jennings

JUDITH C JENNINGS, PRESIDENT

4/3/00

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) ☐

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	<input type="checkbox"/> Delete
NAME	JENNINGS, JUDITH C	
STREET ADDRESS	3930 SAN JOSE PARK	
CITY-ST-ZIP	JACKSONVILLE FL 32217	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	JENNINGS, JUDITH C.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JENNINGS, JUDITH C.	
STREET ADDRESS	4201 BAYMEADOWS RD, STE #2	
CITY-ST-ZIP	JACKSONVILLE, FL 32217	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 officer 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:

Judith C Jennings
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JUDITH C JENNINGS

4/3/00

904-739-3804

Date

Daytime Phone #

CR2E034 (9/99)