

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000067587

1. Entity Name
J.A.LUBY, INC.

Principal Place of Business

Mailing Address

~~P.O. BOX 515~~
JUPITER FL 33468

~~P.O. BOX 515~~
JUPITER FL 33468

2. Principal Place of Business

3. Mailing Address

~~P.O. Box 2119~~
Suite, Apt. #, etc.
105 Charlotte Ave

~~P.O. Box 2119~~
Suite, Apt. #, etc.
105 Charlotte Ave

City & State
New Smyrna Bch, FL

City & State
New Smyrna Bch, FL

Zip Country
32168 USA

Zip Country
32170 USA

4. FEI Number 65-0939723

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

LUBY, JEFFREY A
15855 74 STREET N
LOXAHATCHEE FL 33470

Name
JEFF LUBY

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

105 Charlotte Ave
City New Smyrna Bch, FL Zip Code 32168

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 Jeffrey A. Luby DATE 4/25/2001

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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, 2001 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 LUBY, JEFFREY A
STREET ADDRESS 15855 74 STREET N
CITY-ST-ZIP LOXAHATCHEE FL 33470 ☐ Delete

TITLE
NAME LUBY, JEFFREY A ☒ Change ☐ Addition
STREET ADDRESS 105 Charlotte Ave.
CITY-ST-ZIP New Smyrna Bch, FL 32168

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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 #

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 91125 022 ***150.00

00040473



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)