

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000069193

1. Entity Name

JB & PD PARTNERSHIP, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

00 SEP 14 AM 6:28

Principal Place of Business

Mailing Address

2712 POWELL LANE
TARPON SPRINGS FL 34689

2712 POWELL LANE
TARPON SPRINGS FL 34689-7410

2. Principal Place of Business

3060 Alternate 19 N.

Suite, Apt. #, etc.

3. Mailing Address

3060 Alternate 19 N.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE
05-18-00 90296 034 \$150.00

City & State

Palm Harbor, FL

City & State

Palm Harbor, FL

4. FEI Number

59-3596098

Applied For

Not Applicable

Zip

34683

Country

USA

Zip

34683

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

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

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

TITLE ☐ Delete

NAME PLES
STREET ADDRESS PETER DENUNZIO
CITY-ST-ZIP 3060 ALT. 19 N
PALM HARBOR, FL. 34683

TITLE ☐ Delete

NAME UP
STREET ADDRESS JOHN BORK
CITY-ST-ZIP 3060 ALT. 19 N.
PALM HARBOR, FL. 34683

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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CITY-ST-ZIP

TITLE ☐ Change ☐ 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 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/00

Date

721-781-4800

Daytime Phone #

CR2E034 (9/99)