## **2000 UNIFORM BUSINESS REPORT (UBR)** FILED Jan 25, 2000 8:00 am Secretary of State DOCUMENT # **P99000075159** JIM & DONNA ENTERPRISES, INC. 01-25-2000 90077 027 \*\*\*150.00 Principal Place of Business Mailing Address % ALLAN L. HOFFMAN % ALLAN L. HOFFMAN 1610 SOUTHERN BLVD. 1610 SOUTHERN BLVD. 3 U D D A 4 W. PALM BEACH FL 33406 W. PALM BEACH FL 33406-3242 2. Principal Place of Business 3. Mailing Address 4160 CATALPHA AUF 4160 CATALPITA Prue Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State City & State Palm Beach Gardons 65 09419648 Not -, ...... Country \$8.75 Additional 5. Certificate of Status Desired 334/6 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent and Donna Cook Timmy and Donna C Street Address (P.O. Box Number is Not Acceptable) HOFFMAN, ALLAN L 1610 SOUTHERN BLVD. 4160 CATALPHA W. PALM BEACH FL 33406 Zin Code 410 Halm Beach 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS PRESIDENT PD Delete TITLE Addition TITLE JIMMY 1 COOK 4160 CATALPHA AVE HOFFMAN, ALLAN L NAME NAME STREET ADDRESS 1610 SOUTHERN BLVD. STREET ADDRES palm Beach Gardens, FL 33410 CITY-ST-7IP CITY-ST-ZIP W. PALM BEACH FL 33406 Sec/TREAS Addition TITLE DONNA COOK NAME NAME 4160 CATALOHA AVE STREET ADDRESS STREET ADDRESS PAIM leach Gardens-FL. 33410 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITI E NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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.

Daytime Phone #

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: