

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000075691

1. Entity Name

J.V.J. INVESTMENTS CO.

**FILED**  
**Apr 11, 2000 8:00 am**  
**Secretary of State**

04-11-2000 90167 021 \*\*\*150.00

Principal Place of Business

Mailing Address

9421 BULLFROG COURT  
GIBSONTON FL 33534

9421 BULLFROG COURT  
GIBSONTON FL 33534-5100

2. Principal Place of Business

11545 US HWY 41 So.

3. Mailing Address

11545 US HWY 41 So.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Gibsonton FL

City & State

Gibsonton FL

4. FEI Number

59-3603057

Applied For

Not Applicable

Zip

Country

33534

Hillsborough

Zip

33534

Country

Hillsborough

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

SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSTD ☐ Delete  
NAME FOWLER, JERRY L  
STREET ADDRESS 9421 BULLFROG COURT  
CITY-ST-ZIP GIBSONTON FL 33534

TITLE PSTD ☒ Change ☐ Addition  
NAME FOWLER, JERRY L  
STREET ADDRESS 11545 US HWY 41 S  
CITY-ST-ZIP GIBSONTON, FL 33534

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

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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:

Jerry L. Fowler  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JERRY L. Fowler 4/6/00

Date

813-672-8822  
Daytime Phone #

CR2E034 (9/99)