

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000077993

1. Entity Name

DOUBLE J ENTERPRISES OF POMPANO, INC.

FILED

Apr 17, 2001 8:00 am  
Secretary of State

04-17-2001 90068 005 \*\*\*150.00

Principal Place of Business

1341 NW 14TH AVE.  
POMPANO BEACH FL 33069

Mailing Address

1341 NW 14TH AVE.  
POMPANO BEACH FL 33069

2. Principal Place of Business

DOUBLE J ENTERPRISES OF POMP.  
Suite, Apt. #, etc.

3. Mailing Address

1341 NW 14 AVE.  
Suite, Apt. #, etc.

City & State

POMPANO BEACH, FL.

City & State

POMPANO BEACH, FL.

Zip

33069

Country

USA

Zip

33069

Country

USA

4. FEI Number

65-0942929

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

DAVID R. ROY, P.A.  
4209 N. FEDERAL HWY.  
POMPANO BEACH FL 33064

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, 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

TITLE PSD ☐ Delete  
NAME HARRIS, JEROME  
STREET ADDRESS 650 NW 23RD TERRACE  
CITY-ST-ZIP POMPANO BEACH FL 33069

TITLE VTD ☐ Delete  
NAME HARRIS, JUDITH A  
STREET ADDRESS 650 NW 23RD TERRACE  
CITY-ST-ZIP POMPANO BEACH FL 33069

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:

*Jerome Harris* Terome Harris  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/01

Date

954-974-9300

Daytime Phone #

CR2E034 (10/00)