

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000083400

1. Entity Name

JUST RIGHT ENTERPRISES, INC.

Principal Place of Business

C/O CHANDLER, LAND & HASWELL, P.A.
211 NE 1ST ST.
GAINESVILLE FL 32601

Mailing Address

C/O CHANDLER, LAND & HASWELL, P.A.
211 NE 1ST ST.
GAINESVILLE FL 32601-5367

2. Principal Place of Business

642 E. STATE ROAD 200

Suite, Apt. #, etc.

3. Mailing Address

642 E. STATE ROAD 200

Suite, Apt. #, etc.

City & State

FERNANDINA BEACH

Zip

32034

Country

NASSAU

City & State

FERNANDINA BEACH

Zip

32034

Country

NASSAU

4. FEI Number

59-3604081

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

Name

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

City

FL

Zip Code

HASWELL, JOHN H
C/O CHANDLER, LAND & HASWELL, P.A.
211 NE 1ST ST.
GAINESVILLE FL 32601

Do hereby certify that 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	DPT	<input type="checkbox"/> Delete
NAME	ULMER, MILTON P	
STREET ADDRESS	701 DUNWOODY CHACE	
CITY-ST-ZIP	ATLANTA GA 30328	
TITLE	VS	<input type="checkbox"/> Delete
NAME	ULMER, GALE W	
STREET ADDRESS	701 DUNWOODY CHACE	
CITY-ST-ZIP	ATLANTA GA 30328	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WOLLY, GEORGE	
STREET ADDRESS	1055 KENSINGTON PARK DRIVE #306	
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MILTON P. ULMER

Date

4-4-00

Daytime Phone #

904-261-6632



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)