

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 18, 2001 8:00 am
Secretary of State

01-18-2001 90021 002 ***150.00

0348229

DOCUMENT # P99000084126

1. Entity Name

CLEMENS JIFFY FOOD, INC.

Principal Place of Business
5422 THERESA ROAD
TAMPA FL 33615

Mailing Address
5422 THERESA ROAD
TAMPA FL 33615

A0006349



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3350 SE 52nd ST.
 Suite, Apt. #, etc.
Ocala, FL
 City & State
 Zip **34480** Country

3. Mailing Address
3350 SE 52nd ST.
 Suite, Apt. #, etc.
Ocala FL
 City & State
 Zip **34480** Country

4. FEI Number **59-3598265**
 Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
LEHEW, JACK A
5422 THERESA ROAD
TAMPA FL 33615

7. Name and Address of New Registered Agent
 Name **JAMES CLEMENS**
 Street Address (P.O. Box Number is Not Acceptable)
3350 SE 52nd ST.
 City **Ocala** **FL** Zip Code **34480**

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 DATE

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	D	<input type="checkbox"/> Delete
NAME	CLEMENS, ROBERT L	
STREET ADDRESS	3206 S.E. 49TH PLACE	
CITY-ST-ZIP	OCALA FL 34480	
TITLE	D	<input type="checkbox"/> Delete
NAME	CLEMENS, JUTTA H	
STREET ADDRESS	3206 S.E. 49TH PLACE	
CITY-ST-ZIP	OCALA FL 34480	
TITLE	D	<input type="checkbox"/> Delete
NAME	CLEMENS, JAMES L. A.	
STREET ADDRESS	5005 S.E. 33RD TERRACE	
CITY-ST-ZIP	OCALA FL 34480	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
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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: **JAMES L. CLEMENS** Sec/Treasurer 1-10-01 352 369-1152

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)