

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000087534

1. Entity Name

J.W.P. ENTERPRISES INC.

FILED

Apr 04, 2000 8:00 am
Secretary of State

04-04-2000 90090 011 ***150.00

Principal Place of Business

416 SUMMIT RIDGE PLACE, #208
LONGWOOD FL 32779

Mailing Address

416 SUMMIT RIDGE PLACE, #208
LONGWOOD FL 32779-6263

632990



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

416 Summit Ridge Place

3. Mailing Address

416 Summit Ridge Place

Suite, Apt. #, etc.

#208

Suite, Apt. #, etc.

#208

City & State

Longwood, FL 32779

City & State

Longwood, FL

4. FEI Number

59-3619585

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip

32779

Country

Seminole

Zip

32779

Country

Seminole

6. Name and Address of Current Registered Agent

PENDER, JOHN

416 SUMMIT RIDGE PLACE, #208
LONGWOOD FL 32779

7. Name and Address of New Registered Agent

Name

John Pender

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

416 Summit Ridge Place #208

City

Longwood

FL

Zip Code

32779

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

4/1/00

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

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

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

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

4/1/00 407-869-1954

Daytime Phone #

CR2E034 (9/99)