

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000091013

1. Entity Name

JPL FINANCIAL CONSULTANTS, INC.

FILED
Apr 06, 2000 8:00 am
Secretary of State

04-06-2000 90012 041 ***150.00

Principal Place of Business

Mailing Address

~~999 9TH ST S, SUITE 100~~
~~NAPLES FL 34102~~

~~999 9TH ST S, SUITE 100~~
~~NAPLES FL 34102~~



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1148 Goodlette Road North

1148 Goodlette Road North

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Naples, FL

City & State

Naples, FL

4. FEI Number

59-3609904

Applied For

Not Applicable

Zip

34102-5451

Country

USA

Zip

34102-5451

Country

USA

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

PEACOCK, ROBERT V

~~999 9TH ST S, SUITE 100~~
~~NAPLES FL 34102~~

Name

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

1148 Goodlette Road North

City

Naples

FL

Zip Code

34102-5451

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	<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	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Peacock, R.V.	
STREET ADDRESS	1148 Goodlette Road North	
CITY-ST-ZIP	Naples, FL 34102-5451	
TITLE	Secretary/Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Johnston, William R.	
STREET ADDRESS	1148 Goodlette Road North	
CITY-ST-ZIP	Naples, FL 34102-5451	
TITLE	Vice-President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Liles, Terry A.	
STREET ADDRESS	1148 Goodlette Road North	
CITY-ST-ZIP	Naples, FL 34102-5451	
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:

NOT REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/00

Date

Daytime Phone #

CR2E034 (9/99)