

# 2000 UNIFORM BUSINESS REPORT (UBR)

7/15

**FILED**  
**Aug 31, 2000 8:00 am**  
**Secretary of State**

07-19-2000 90018 029 \*\*\*150.00  
08-31-2000 90111 002 \*\*\*400.00

**DOCUMENT # P99000091342**

1. Entity Name

J & J ISLAND HOMES, INC.

Principal Place of Business

P.O. BOX 8161  
SEMINOLE FL 33775

Mailing Address

P.O. BOX 8161  
SEMINOLE FL 33775-8161

2. Principal Place of Business

PO BOX 8161

Suite, Apt. #, etc.

3. Mailing Address

PO BOX 8161

Suite, Apt. #, etc.

City & State

SEMINOLE, FL

City & State

SEMINOLE, FL

4. FEI Number

65-1012838

Applied For

Not Applicable

Zip

33775

Country

USA

Zip

33775

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HERMANN, JANIE

8801 66TH ST. N.

PINELLAS PARK FL 33782

7. Name and Address of New Registered Agent

Name

HERMANN, JANIE

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

12325 3RD ST EAST #1

City

TREASURE ISLAND

FL

Zip Code

33706

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)

5/1/2000

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	D	<input type="checkbox"/> Delete
NAME	HERMANN, JANIE	
STREET ADDRESS	P.O. BOX 8161 N/A	
CITY-ST-ZIP	SEMINOLE FL 33775	
TITLE	D	<input type="checkbox"/> Delete
NAME	GOOSTREE, JAMES	
STREET ADDRESS	P.O. BOX 8161 N/A	
CITY-ST-ZIP	SEMINOLE FL 33775	
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		
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

6/1/2000

368-0503

Date

Daytime Phone #