

2000 UNIFORM BUSINESS REPORT (UBR)

5/3/00-90049-016-\$158.75-\$158.75

DOCUMENT # P99000101787

1. Entity Name

J & W HAULING, INC.

FILED

00 MAY 25 PM 12:08

Principal Place of Business

Mailing Address

2740 WORTH AVE.
ENGLEWOOD FL 34224

P.O. BOX 5209
ENGLEWOOD FL 34224

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0963531

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

JANSCH, SHARON M
10396 EUSTON AVE.
ENGLEWOOD FL 34224

Name

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

City

FL

Zip Code

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

Sharon M. Jansch
Signature, typed or printed name of registered agent and title if applicable.

Sharon M. Jansch
(NOTE: Registered Agent signature required when reinstating)

4-20-00
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 ☐ Delete
NAME President
STREET ADDRESS Mark Jansch
CITY-ST-ZIP 10396 Euston Ave
Englewood, FL 34224

TITLE ☐ Delete
NAME Vice President
STREET ADDRESS Kevin Jansch
CITY-ST-ZIP 11231 A Pendleton Ave
Englewood, FL 34224

TITLE ☐ Delete
NAME Sec/Treas.
STREET ADDRESS Deborah White
CITY-ST-ZIP 1949 Bluefin Cir.
Englewood, FL 34224

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 ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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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:

Deborah C White
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-00

Date

941 697 2220

Daytime Phone #