

2000 UNIFORM BUSINESS REPORT (UBR)

158

FILED
May 11, 2000 8:00 am
Secretary of State

05-11-2000 90001 010 ***158.75

DOCUMENT #

1. Entity Name

JNG MARKETING, INC.

Principal Place of Business

Mailing Address

P.O. Box 3564
SPRING HILL, FLORIDA
34611-3564

2. Principal Place of Business

3. Mailing Address

116 COMMERCIAL WAY

P.O. Box 3564

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite #5

SPRING HILL,

City & State

City & State

SPRING HILL, FL

FLORIDA

Zip

Country

Zip

Country

34606

U.S.A.

34611-3564

U.S.A.

DO NOT WRITE IN THIS SPACE

4. FEI Number

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

JENNIE N. GALBO
10393 VENTURA DRIVE
SPRING HILL, FLORIDA
(was JANE HANCI)

Name

JENNIE N. GALBO

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

10393 VENTURA DRIVE

SPRING HILL, FL 34608

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

JENNIE N. GALBO

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 ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

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NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

President

JENNIE N. GALBO

10393 VENTURA DRIVE

SPRING HILL, FL 34608

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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:

JENNIE N. GALBO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/2000

Date

Daytime Phone #

CR2E034 (9/99)