

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 16, 2001 8:00 am**  
**Secretary of State**

04-16-2001 90038 029 \*\*\*150.00

**DOCUMENT # S06202**

1. Entity Name  
**JOKAEL, INC.**

Principal Place of Business  
**WATSON'S LANDING**  
**STAR RT 1 BOX 164**  
**CRESCENT CITY FL 32112**

Mailing Address  
**WATSON'S LANDING**  
**HC 1 BOX 164**  
**CRESCENT CITY FL 32112**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3075120**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**PARKIN, JOANE WATSON**  
**STAR RT 1 BOX 164**  
**CRESCENT CITY FL 32112**

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

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PARKIN, JOANE WATSON</b> <b>STAR RT 1 BOX 164</b> <b>CRESCENT CITY FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PARKIN, ELMER</b> <b>STAR RT 1 BOX 164</b> <b>CRESCENT CITY FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

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

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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

**JOANE W. PARKIN** **3/16/01 (386) 467-9207**

Date

Daytime Phone #

CR2E034 (10/00)



**ALEGRE**  
WATSON'S LANDING

ELMER MILLER PARKIN 08/84  
JOANE WATSON PARKIN  
STAR ROUTE 1, BOX 164  
CRESCENT CITY, FL 32112  
PHONE (904) 467-9207  
FAX (904) 467-8502

732833 10214

83-1377/631

DATE 3-13-01

PAY  
TO THE  
ORDER OF

*Florida Dept of Revenue*  
*One hundred & fifty \$/100*

\$ 150.00

DOLLARS ☐ Security Features  
Details on back

**CITRUS  
BANK**

500 North Summit Street  
Crescent City, Florida 32112  
For Account Information Call 1-800-461-8401

Annual App Fee  
FOR 2001

*Vitoni Santamarina*

⑈010214⑈ ⑈063113772⑈1611006378⑈

*Attach*  
*#506202*  
*D0036922*