

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S18908

1. Entity Name  
J C FINANCIAL SERVICES, INC.

Principal Place of Business  
6843 STATE ROAD 54  
NEW PORT RICHEY FL 34653

Mailing Address  
6843 STATE ROAD 54  
NEW PORT RICHEY FL 34653

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CUMMINS, VERLON D.  
6843 STATE ROAD 54  
SUITE 12  
NEW PORT RICHEY FL 34653

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 *Verlon D. Cummins*

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

(NOTE: Registered Agent signature required when reinstating)

9/5/2001  
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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	DP	CUMMINS, VERLON D.	6843 STATE RIAD 54 NEW PORT RICHEY FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	DVS	MILLER, CELESTE CLAIRE	6843 STATE ROAD 54 NEW PORT RICHEY FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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:

*Verlon D. Cummins*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/5/2001  
Date

727 841-6332  
Daytime Phone #

FILED  
Sep 12, 2001 8:00 am  
Secretary of State

09-12-2001 90032 027 \*\*\*550.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3042157  
Applied For. ☐  
Not Applicable ☒

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

CR2E034 (5/01)