

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S21575

1. Entity Name

J.C.A. ENTERPRISES, INC.

FILED
Apr 07, 2000 8:00 am
Secretary of State

04-07-2000 90047 013 ***150.00

Principal Place of Business

Mailing Address

~~7300 W CAMINO RD
#220
BOCA RATON FL 33433
US~~

~~7300 W CAMINO RD
#220
BOCA RATON FL 33433
US~~

2. Principal Place of Business

3. Mailing Address

1120 Holland Drive
Suite #3

SAME

City & State

City & State

Boca Raton, FL

FL

Zip

Country

Zip

Country

FL

33487

4. FEI Number

65-0233255

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

~~TELSEY, JEFFREY
3272 ST. CHARLES WAY
BOCA RATON FL 33434~~

Name Telsey Jeffrey
Street Address (P.O. Box Number is Not Acceptable)
1120 Holland Drive
Suite #3
City Boca Raton FL Zip Code 33487

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, 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 D
NAME TELSEY, JEFFREY
STREET ADDRESS 3272 ST. CHARLES WAY
CITY-ST-ZIP BOCA RATON FL ☐ Delete

TITLE President
NAME Telsey, Jeffrey
STREET ADDRESS 4776 Lakeland Drive
CITY-ST-ZIP Delray Beach, FL 33445 ☒ Change ☐ Addition

TITLE D
NAME TELSEY, CINDY
STREET ADDRESS 3272 ST. CHARLES WAY
CITY-ST-ZIP BOCA RATON FL ☒ Delete

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

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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

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

Date

Daytime Phone #

4/3/00

564-984-9060

034 (9/9/99)