## 2000 UNIFORM BUSINESS REPORT (UBR)

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SIGNATURE:

## Apr 24, 2000 8:00 am Secretary of State **DOCUMENT # \$77570** JACK & JILL INVESTMENTS, INC. 04-24-2000 90062 038 \*\*\*150.00 Principal Place of Business Mailing Address 1269 FIRST ST 1269 FIRST ST Thorogoa SARASOTA FL 34236-3307 SARASOTA FL 34236 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0295645 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fée Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SHEA, JOHN J., JR. Street Address (P.O. Box Number is Not Acceptable) 630 S ORANGE AVE SARASOTA FL 34326 Zip Code City FL 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550:00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. Addition TITLE ☐ Delete DOWD, JACK NAME NAME 133/ TENTH ST <del>1269 13</del>7 ST #7 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA FL CITY-ST-ZIP SD Change Addition ☐ Delete TITLE TITLE DOWD, JILL NAME NAME 1331 TENTH ST 1269-1ST-ST-#7 STREET ADDRESS STREET ADDRESS CITY-ST-7IF CITY-ST-ZIP SARASOTA FL Addition TITLE Change Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS 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

ess, with all other like empowered

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR