

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S96300

1. Entity Name

JL CLAIRMONTE HOLDINGS, INC.

FILED

Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90062 014 ***150.00

Principal Place of Business

Mailing Address

3541 N.E. OCEAN BLVD.
JENSEN BEACH FL 34958

3541 N.E. OCEAN BLVD.
JENSEN BEACH FL 34957-4347

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0291959

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

FRANKLIN, ELLIOT A
5315 LAKE WORTH ROAD
LAKE WORTH FL 33483

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, 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 DIRECTOR

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME CLAIRMONTE, KEITH
STREET ADDRESS 3541 N.E. OCEAN BLVD.
CITY-ST-ZIP JENSEN BEACH FL 34918

TITLE VP
NAME CLAIRMONTE, AVE
STREET ADDRESS 3541 N.E. OCEAN BLVD.
CITY-ST-ZIP JENSEN BEACH FL 34958

TITLE ST
NAME KOOPMAN, DALE
STREET ADDRESS 3594 SE OLD LUCUS BLVD
CITY-ST-ZIP STUART FL 34996

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Hello KEITH, I/P of marketing widdup
Information as per your request. V/P John Desmond Widdup, 958 Salt
Pond Place, #202, Altamonte Springs, FL, 32714. Regards, Desmond.

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 #

3034 (9/99)