

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S99523

1. Entity Name

~~SNOOK & WILLIAMS AGENCY, INC.~~

JAW INC.

Principal Place of Business

2765-B TAMiami TRAIL
PORT CHARLOTTE FL 33952
US

Mailing Address

2765-B TAMiami TRAIL
PORT CHARLOTTE FL 33952-5163
US

2. Principal Place of Business

4091 Colonial Blvd

Suite, Apt. #, etc.
Ste #100

3. Mailing Address

4091 Colonial Blvd

Suite, Apt. #, etc.
Ste #100

City & State

Ft. Myers, FL

City & State

Ft. Myers, FL

Zip

33912

Country

Lee

Zip

33912

Country

Lee

4. FEI Number

65-0298534

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, ALAN
12781 MEADOW PINE LANE
FORT MYERS FL 33913

7. Name and Address of New Registered Agent

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 DIRECTORS

TITLE **P** ☐ Delete
NAME **WILLIAMS, ALAN**
STREET ADDRESS **12781 MEADOW PINE LANE**
CITY-ST-ZIP **FT MYERS FL 33913**

TITLE **ST** ☐ Delete
NAME **WILLIAMS, ESTHER W.**
STREET ADDRESS **12781 MEADOW PINE LANE**
CITY-ST-ZIP **FT MYERS FL 33913**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☒ Addition
NAME **V Williams, Jeff A.**
STREET ADDRESS **17675 Boat Club Dr**
CITY-ST-ZIP **Ft. Myers, FL 33908**

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

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

TITLE ☐ Change ☐ Addition
NAME
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Alan Williams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/00
Date

941-418-1100
Daytime Phone #

CR2E034 (9/99)



DO NOT WRITE IN THIS SPACE