

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90184 032 ***150.00

DOCUMENT # V05806

1. Entity Name

J & J MILLWORK, INC.

Principal Place of Business

**200 N HOLLY AVE
SANFORD FL 32771
US**

Mailing Address

**200 N HOLLY AVE
SUITE 100
SANFORD FL 32771-1176
US**

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

59-3101554

Applied For
Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CLACK
CLARK, JEFF N
200 N HOLLY AVE
SANFORD FL 32771**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

7. Name and Address of New Registered Agent

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 **VP** ☐ Delete
NAME **CRIBBS, ROBERT L**
STREET ADDRESS **226 19TH ST WEST**
CITY-ST-ZIP **SANFORD FL 32771**

TITLE **PT** ☐ Delete
NAME **CLACK, JEFF N**
STREET ADDRESS **1866 LONGWOOD-LK.MARY RD**
CITY-ST-ZIP **LONGWOOD FL**

TITLE **VP** ☐ Delete
NAME **LOVE, STEVEN C**
STREET ADDRESS **2231 DANFORTH AVE**
CITY-ST-ZIP **DELTONA FL 32738**

TITLE **V.P.** ☐ Delete
NAME **Kilger, Theodore**
STREET ADDRESS **276 Dublin Dr**
CITY-ST-ZIP **Lake Mary, FL 32746**

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
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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: *Jeff N. Clack*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jeff N Clack

X 1-20-00

Date

407-324-2331

Daytime Phone #