

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2001 8:00 am
Secretary of State
 02-08-2001 90019 042 ***150.00

DOCUMENT # V14144

1. Entity Name

JONATHAN'S PRIDE & JENNIFER'S TOO, INC.

Principal Place of Business

**11924 FOREST HILL BLVD
 WELLINGTON FL 33414
 US**

Mailing Address

**15875 BRITTEN LANE
 WELLINGTON FL 33414
 US**

2. Principal Place of Business

3. Mailing Address

170 CELESTIAL WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

6-1

City & State

Juno Beach, FL

4. FEI Number **05-0318171**

Applied For
 Not Applicable

Zip

Country

Zip

33408

Country

USA

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

**BRACKMAN, GERI
 15875 BRITTEN LANE
 WELLINGTON FL 33414**

Name **STEPHEN BRACKMAN**

Street Address (P.O. Box Number is Not Acceptable) **170 CELESTIAL WAY # 6-1**

City **JUNO BEACH** **FL** Zip Code **33408**

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 **STEPHEN BRACKMAN** *[Signature]* **1-31-01**
 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, 2001 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 **PSD** ☐ Delete
 NAME **BRACKMAN, STEPHEN**
 STREET ADDRESS **15875 BRITTEN LN 170 CELESTIAL WAY**
 CITY-ST-ZIP **WELLINGTON-FL Juno BCH, FL 33408 # 6-1**

TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

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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: **STEPHEN BRACKMAN** *[Signature]* **1/31/01 Pres.**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)