

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **V17733**

1. Entity Name

JOLLY MON, INC.

FILED
Feb 07, 2000 8:00 am
Secretary of State

02-07-2000 90029 013 ***150.00

Principal Place of Business

**13390 PERDIDO KEY DR. STE D
PENSACOLA FL 32507
US**

Mailing Address

**1928 CATAMARAM DR
NAVARRE FL 32566
US**

2. Principal Place of Business

3. Mailing Address

6 SWEETWATER DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

PENSACOLA

4. FEI Number

59-3117265

Applied For

Not Applicable

Zip

Country

Zip

Country

32514

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

**LOSQUADRO, WILLIAM R.
1928 CATAMARAN DR
NAVARRE FL 32566**

Name

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

6 SWEETWATER DR.

City

PENSACOLA

FL

Zip Code

32514

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-14-00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **LOSQUADRO, WILLIAM**
STREET ADDRESS **1928 CATAMARAN DRIVE**
CITY-ST-ZIP **NAVARRE FL**

TITLE ☒ Change ☐ Addition
NAME **6 SWEETWATER DR.**
STREET ADDRESS **PENSACOLA, FL 32514**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM LOSQUADRO

1-14-00

Date

250-516-5266

Daytime Phone #

CR2E034 (9/99)