

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V49212

1. Entity Name
JB JEWELERS, INC.

FILED
Sep 12, 2000 8:00 am
Secretary of State

09-12-2000 90020 049 ***550.00

Principal Place of Business

8638 NAVARRE PKWY
UNIT 2
NAVARRE FL 32566
US

Mailing Address

8638 NAVARRE PKWY
UNIT 2
NAVARRE FL 32566
US

2. Principal Place of Business

8650 Navarre Pkwy
Suite, Apt. #, etc.
Unit #2

3. Mailing Address

8650 Navarre Pkwy
Suite, Apt. #, etc.
Unit #2

City & State

Navarre FL

City & State

Navarre FL

Zip

32566

Country

US

Zip

32566

Country

US

4. FEI Number

31-3595807

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BORCIK, WILLIAM E
8650 NAVARRE PKWY.
NAVARRE FL 32566

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 ☐ Delete
NAME D
STREET ADDRESS ADAMS, JAMES FELIX
CITY-ST-ZIP 2011 CANDLEWOOD DR
NAVARRE FL

TITLE ☐ Delete
NAME D
STREET ADDRESS BORCIK, ERIC WILLIAM
CITY-ST-ZIP 9904 ORION LAKE CIRCLE
NAVARRE FL

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
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 fee empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9-5-2000

850-938-3128

CR2E034 (5/00)