

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90112 043 ***150.00

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DOCUMENT # P02000096341

1. Entity Name
J.J.A.D. OF FORT MYERS, INC.



Principal Place of Business
**742 ARUNDEL CIRCLE
FORT MYERS FL 33913**

Mailing Address
**742 ARUNDEL CIRCLE
FORT MYERS FL 33913**

11010808



2. Principal Place of Business
15560 McGregor Blvd

3. Mailing Address
15560 McGregor Blvd

Suite, Apt. #, etc.
7

Suite, Apt. #, etc.
7

☐ CHECK HERE IF MAKING CHANGES

City & State
Fort Myers FL

City & State
Fort Myers FL

4. FEI Number
65-1160633

Applied For
Not Applicable

Zip
33908

Country
USA

Zip
33908

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

**SANFORD, JUDY
15560 MCGREGOR BLVD
7
FORT MYERS FL 33908**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PP MILLER, DAVID 742 ARUNDEL CIRCLE FORT MYERS FL 33913	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MILLER, ARLENE 742 ARUNDEL CIRCLE FORT MYERS FL 33913	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Frank E Sanford VP D 15560 McGregor Blvd #7 Fort Myers, FL 33908	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **X** **SANFORD, JUDY**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

239. 939. 1929

CR2E034 (10/02)