

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000021711

1. Entity Name

J INCORPORATED



FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
03 SEP 19 PM 12:21

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
12 NORTH 2ND STREET

Suite, Apt. #, etc.

3. Mailing Address
12 NORTH 2ND STREET

Suite, Apt. #, etc.

City & State
FERNANDINA BEACH, FL

City & State
FERNANDINA BEACH, FL

Zip
32034

Country
NASSAU

Zip
32034

Country
NASSAU

REINSTATEMENT 02-03

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3700818

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
JOHN K. MCCUNE

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

12 NORTH 2ND STREET

City
FERNANDINA BEACH

FL

Zip Code
32034

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

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

JOHN K. MCCUNE

Sec / TRUST

9-9-3

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DIRECTOR
JOHN K. MCCUNE
12 NORTH 2ND STREET
FERNANDINA BEACH, FL 32034

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DIRECTOR
CAROL A. MCCUNE
12 NORTH 2ND STREET
FERNANDINA BEACH, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

John K. McCune
Signature, typed or printed name of signing officer or director

JOHN K. MCCUNE

9-9-3

Date

904-331-5668

Daytime Phone #

CR2E034B (12/02)