

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 405438

1. Entity Name

J.H. OGDEN ENTERPRISES, INC.

Principal Place of Business

59 CUNNINGHAM DR
NEW SMYRNA BCH FL 32168
US

Mailing Address

59 CUNNINGHAM DR
NEW SMYRNA BCH FL 32168
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

TUMBLIN, JOYCE E
59 CUNNINGHAM DR
NEW SMYRNA BCH FL 32168

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 \$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
NAME
STREET ADDRESS
CITY-ST-ZIP

PD
TUMBLIN, JOYCE E
59 CUNNINGHAM DR.
NEW SMYRNA BEACH FL 32168

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

STD
TUMBLIN, JOYCE E
59 CUNNINGHAM DR.
NEW SMYRNA BEACH FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VD
GILLESPIE, W.M.
610 N PENINSULA AVE
NEW SMYRNA BEACH FL

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☐ Change ☐ Addition

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:

Joyce E. Tumblyn
Joyce E. Tumblyn

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-01

Date

904-428-4523

Daytime Phone #



DO NOT WRITE IN THIS SPACE

0006488

CR2E034 (10/00)

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90311 023 ***150.00