

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 13, 2001 8:00 am**
Secretary of State

02-13-2001 90024 002 ***158.75

DOCUMENT # 4274921. Entity Name
JWJ, INC.

Principal Place of Business

**2300 S W 3RD AVE
OCALA FL 32674**

Mailing Address

**2300 S W 3RD AVE
OCALA FL 32674**2. Principal Place of Business
2300 S.W. 3RD AVE.3. Mailing Address
2300 S.W. 3RD AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
OCALA, FLORIDACity & State
OCALA, FLORIDA4. FEI Number **59-1463915**

Applied For

Not Applicable

Zip Country
34474 USAZip Country
34474 USA5. 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****YARBROUGH, JESSE RAY
2300 S.W. 3RD AVE.
OCALA FL 32740**Name
YARBROUGH, JESSE RAYStreet Address (P.O. Box Number is Not Acceptable)
2300 S.W. 3RD AVE.City
OCALA,**FL**Zip Code
34474

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	☐ Delete
PD	YARBROUGH, JESSE RAY	1910 S.E. 37TH COURT CIRCLE	OCALA FL 34471	☐
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	☐ 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
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐

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: *Jesse Ray Yarbrough*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JESSE RAY YARBROUGH
PRESIDENT**

2/8/01 (352) 732-0550

Date

Daytime Phone #

CR2E034 (10/00)