

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F44848****1. Entity Name**
JECCO, INC.**FILED**
Mar 28, 2001 8:00 am
Secretary of State

03-28-2001 90220 019 ***150.00

0018620

Principal Place of Business**10979 ATLANTIC BLVD**
JACKSONVILLE FL 32225
US**Mailing Address****10979 ATLANTIC BLVD**
JACKSONVILLE FL 32225
US**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional**
Fee Required**6. Name and Address of Current Registered Agent****J E CARUSO**
10979 ATLANTIC BLVD
JAX FL 32225**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****TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
CARUSO, JOHN E.
10979 ATLANTIC BLVD
JACKSONVILLE FL 32225 ☐ Delete**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
CARUSO, JO ANN
10979 ATLANTIC BLVD
JACKSONVILLE FL 32225 ☐ Delete**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
CARUSO, JOHN MICHAEL
10979 ATLANTIC BLVD
JACKSONVILLE FL 32225 ☐ Delete**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
REYNOLDS, DEBORA C.
10979 ATLANTIC BLVD
JACKSONVILLE FL 32225 ☐ Delete**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
MICHAELS, TERRI C.
10979 ATLANTIC BLVD
JACKSONVILLE FL 32225 ☐ Delete**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP
S
BRUNET, MARISA
10979 ATLANTIC BLVD
JACKSONVILLE FL 32225 ☐ Delete**12.****ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition**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:** John E. Caruso
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-15-01 904-642-5600

CR2E034 (10/00)