

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90313 017 ***150.00

DOCUMENT # F95000000658

1. Entity Name

J E INTERNATIONAL SUPPLY COMPANY, INC.

Principal Place of Business

Mailing Address

~~SAWGRASS VILLAGE CIR~~

P O BOX 832

PONTE VEDRA BEACH FL 32004-0832

US

12 SEE BELOW
PONTE VEDRA BEACH FL 32082

648876



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

10033 SAWGRASS DRIVE W.

3. Mailing Address

P.O. BOX 832

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 208

City & State

City & State

PONTE VEDRA BEACH FL

PONTE VEDRA BEACH FL

Zip

Country

Zip

Country

32082

ST. JOHNS

32004

ST. JOHNS

4. FEI Number

22-2234324

Applied For

Not Applicable

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

Name

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

City

FL

Zip Code

ERMILIO, JOSEPH V

~~10000 SAWGRASS VILLAGE CIR~~

~~STE 12~~

PONTE VEDRA BEACH FL 32082

10033 SAWGRASS DR. W.

STE 208

PONTE VEDRA BEACH

FL 32082

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, 2000 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 | P ERMILIO, JOSEPH V 221 SEA ISLAND DRIVE PONTE VEDRA BEACH FL | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S ERMILIO, DOROTHY 221 SEA ISLAND DRIVE PONTE VEDRA BEACH FL | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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.

JOSEPH V. ERMILIO

SIGNATURE:

JOSEPH V. ERMILIO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/00

Date

904 273 6767

Daytime Phone #

CR2E034 (9/99)