

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000000658

1. Entity Name

J E INTERNATIONAL SUPPLY COMPANY, INC.

FILED
Apr 04, 2001 8:00 am
Secretary of State

04-04-2001 90100 039 ***150.00

Principal Place of Business

10033 SAWGRASS DRIVE W.
STE 208
PONTE VEDRA BEACH FL 32082
US

Mailing Address

P O BOX 832
PONTE VEDRA BEACH FL 32004
US

2. Principal Place of Business

10033 SAWGRASS DRIVE W.

Suite, Apt. #, etc.

SUITE 208

City & State

PONTE VEDRA BEACH FL

Zip

32082

Country

ST. JOHNS

3. Mailing Address

P.O. BOX 832

Suite, Apt. #, etc.

City & State

PONTE VEDRA BEACH FL

Zip

32004

Country

ST. JOHNS



DO NOT WRITE IN THIS SPACE

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

ERMILIO, JOSEPH V.
10033 SAWGRASS VILLAGE CIR.
STE 208
PONTE VEDRA BEACH FL 32082

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
P
ERMILIO, JOSEPH V
221 SEA ISLAND DRIVE
PONTE VEDRA BEACH FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
ERMILIO, DOROTHY
221 SEA ISLAND DRIVE
PONTE VEDRA BEACH FL

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
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CITY-ST-ZIP
☐ Change ☐ 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.

SIGNATURE:

Joseph Emilio
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSEPH V. ERMILIO
PRESIDENT

4/1/01

Date

904 273 6767

Daytime Phone #

CR2E034 (10/00)

0445742