

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State

0001989
 AV

DOCUMENT # F95000000658

1. Entity Name

J E INTERNATIONAL SUPPLY COMPANY, INC.

04-09-2002 91191 004 ***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.

3. Mailing Address

P.O. BOX 832

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 208

City & State

PONTE VEDRA BEACH FL

City & State

PONTE VEDRA BEACH FL

Zip

32082

Country

ST. JOHNS

Zip

32004

Country

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

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

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, type 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, 2002 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	P	<input type="checkbox"/> Delete
NAME	ERMILIO, JOSEPH V	
STREET ADDRESS	221 SEA ISLAND DRIVE	
CITY-ST-ZIP	PONTE VEDRA BEACH FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	ERMILIO, DOROTHY	
STREET ADDRESS	221 SEA ISLAND DRIVE	
CITY-ST-ZIP	PONTE VEDRA BEACH FL	
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

S. Joseph V. Ermilio
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSEPH V. ERMILIO, PRESIDENT 4/1/02 904 273 6767

Date

Daytime Phone #

CR2E034 (9/01)