

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90029 042 ***150.00

DOCUMENT # F96000002645

1. Entity Name

JJW DEVELOPMENT, INC.

Principal Place of Business

JJW DEVELOPMENT, INC.
301-B S MAIN ST. STE. 303
ELKHART IN 46515
US

Mailing Address

JJW DEVELOPMENT, INC.
P.O. BOX X1685
ELKHART IN 46515-1685
US

2. Principal Place of Business

307 S. Main Street

3. Mailing Address

Suite, Apt. #, etc.

Suite 303

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **35-1983930**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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	DP	<input type="checkbox"/> Delete
NAME	RICHARDSON, JILL R	
STREET ADDRESS	22123 SUNSET LN	
CITY-ST-ZIP	ELKHART IN 46516	
TITLE	DS	<input type="checkbox"/> Delete
NAME	WELTER, JACK E	
STREET ADDRESS	51703 PACKARD DR	
CITY-ST-ZIP	MIDDLEBURY IN 46540	
TITLE	D	<input type="checkbox"/> Delete
NAME	WELTER, WILHELMINA	
STREET ADDRESS	21027 RIVERBROOK LN	
CITY-ST-ZIP	BRISTOL IN 46507	
TITLE	D	<input type="checkbox"/> Delete
NAME	WELTER, EDWARD P	
STREET ADDRESS	21207 RIVERBROOK LN	
CITY-ST-ZIP	BRISTOL IN 46507	
TITLE	S	<input type="checkbox"/> Delete
NAME	GILLARD, CYNTHIA S	
STREET ADDRESS	121 W FRANKLIN ST #400	
CITY-ST-ZIP	ELKHART IN 46516-3284	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jill R. Richardson **4.30.01** **523-1925**

Date

Daytime Phone #

CR2E034 (10/00)