

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F97000001548**

1. Entity Name

JD SPECIALTIES, INC.**FILED**
Apr 11, 2001 8:00 am
Secretary of State

04-11-2001 90116 042 ***150.00

740809

DO NOT WRITE IN THIS SPACE

Principal Place of Business
29575 ONO BLVD.
ORANGE BEACH AL 36561

Mailing Address
Box 2518
ORANGE BEACH AL 36561
29575 Ono Blvd.
Orange Beach, AL 36561

2. Principal Place of Business

3. Mailing Address

29575 Ono Boulevard

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Orange Beach, AL4. FEI Number **63-1117876**

Applied For

Not Applicable

Zip

Country

Zip

36561

Country

Baldwin

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

JOHNSON, ERNEST
104 BEACHWOOD DRIVE
PANAMA CITY FL 32413

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 State10. 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	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
P	DUKE, JANICE K	29575 ONO BLVD.	ORANGE BEACH AL 36561	☐					☐	☐
V	DUKE, R. WAYNE	29575 ONO BLVD.	ORANGE BEACH AL 36561	☐					☐	☐
S	STORY, PAM	29575 ONO BLVD.	ORANGE BEACH AL 36561	☐					☐	☐
				☐					☐	☐
				☐					☐	☐
				☐					☐	☐
				☐					☐	☐

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

Date

Daytime Phone #

4-9-01 (334) 980-5840

CR2E034 (10/00)

0589146