

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 25, 2002 8:00 am**  
**Secretary of State**

01-25-2002 90007 007 \*\*\*150.00

01/25/02 08:00

**DOCUMENT # G08950**

1. Entity Name  
**J.D.N., INC.**

Principal Place of Business  
**1711 SENTINEL POINT ROAD**  
**SEBRING FL 33872**  
**US**

Mailing Address  
**1711 SENTINEL POINT ROAD**  
**SEBRING FL 33872**  
**US**

2. Principal Place of Business  
**324 Sterling Drive**  
 Suite, Apt. #, etc.

3. Mailing Address  
**324 Sterling Drive**  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
**Winter Haven, FL**

City & State  
**Winter Haven, FL**

4. FEI Number **59-2242305**

Applied For  
 Not Applicable

Zip **33884** Country **U.S.A.**

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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**

**NEILL, JAMES D**  
**1711 SENTINEL POINT ROAD**  
**SEBRING FL 33872**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**324 Sterling Drive**  
 City **Winter Haven** **FL** Zip Code **33884**

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 \_\_\_\_\_ (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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>NEILL, JAMES D</b> <b>1711 SENTINEL POINT ROAD</b> <b>SEBRING FL 33872</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>James D. Neill</b> <b>324 Sterling Drive</b> <b>Winter Haven, FL 33884</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 an other like empowered.

**SIGNATURE:** *[Signature]* **A.D. NEILL**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1.11/02

Date

863 324-1371

Daytime Phone #

CR2E034 (9/01)