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**FILED** 

Jan 15, 2002 8:00 am

## 2002 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT #** 

SIGNATURE:

H55210 **Secretary of State** 1. Entity Name ₹ 01-15-2002 90023 048 \*\*\*150.00 JDN PROPERTIES, INC. Principal Place of Business Mailing Address 909 OAKWOOD DRIVE 909 OAKWOOD DRIVE LARGO FL 33770 LARGO FL 33770 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-2554773 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired \_\_\_\_ 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CAROLLO, JOSEPH J. Street Address (P.O. Box Number is Not Acceptable) 909 OAKWOOD DRIVE **LARGO FL 34640** City Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. (10/6) ☐ Delete TITLE Change Addition TITLE CAROLLO, JOSEPH J. NAME NAME **CR2E034** STREET ADDRESS 909 OAKWOOD DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LARGO FL 33770 TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.