

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H68271

1. Entity Name

J. B. MARKETING, INC.

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90138 025 ***150.00

Principal Place of Business

Mailing Address

326 GREEN ACRES ROAD
 PO BOX 1180
 FORT WALTON BEACH FL 32547
 US

326 GREEN ACRES ROAD
 PO BOX 1180
 FORT WALTON BEACH FL 32547-7057
 US

2. Principal Place of Business

206 Jonquil Ave NW
 Suite, Apt. #, etc.

3. Mailing Address

PO Box 1180
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Ft Walton Beach, FL

Zip

32548

Country

USA

City & State

Ft Walton Beach, FL

Zip

32549

Country

USA

4. FEI Number

59-2607445

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

BOSWELL, JIM C.
 326 GREEN ACRES ROAD
 SUITE B
 FORT WALTON BEACH FL 32547

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

206 Jonquil Ave NW

City

Ft Walton Beach

FL

Zip Code

32548

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, 2000 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 ☐ Delete
 NAME BOSWELL, JIM C.
 STREET ADDRESS 25 ANASTASIA DRIVE, SE
 CITY-ST-ZIP FT. WALTON BEACH FL

TITLE VP ☐ Delete
 NAME BOSWELL, STEVEN C.
 STREET ADDRESS 331 ANTIGUA WAY
 CITY-ST-ZIP NICEVILLE FL

TITLE S ☐ Delete
 NAME BOSWELL, MARY JO
 STREET ADDRESS 25 ANATASIA DR. S.E
 CITY-ST-ZIP FT. WALTON BCH. FL

TITLE T ☐ Delete
 NAME BOSWELL, KENNETH M.
 STREET ADDRESS 804 SPANISH MOSS TRAIL
 CITY-ST-ZIP DESTIN FL

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☒ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP 32548

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP 32578

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP 32548

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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

4/24/00

Date

(850) 863-5300

Daytime Phone #

CR2E034 (9/99)