

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2002 8:00 am
Secretary of State

04-03-2002 90496 043 ***150.00

0059898 AV

DOCUMENT # H68271

1. Entity Name

J. B. MARKETING, INC.

Principal Place of Business

**206 JENQUIL AVE NE
FORT WALTON BEACH FL 32548
US**

Mailing Address

**P.O. BOX 1180
FT WALTON BEACH FL 32549
US**



2. Principal Place of Business

2000 Lewis Turner Blvd.

3. Mailing Address

Suite, Apt. #, etc.

Suite B

City & State

Fort Walton Beach, FL 32547

City & State

Zip

32547

Country

Country

4. FEI Number

59-2607445

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**BOSWELL, JIM C.
206 JENQUIL AVE NE
FORT WALTON BEACH FL 32548**

7. Name and Address of New Registered Agent

Name

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

2000 Lewis Turner Blvd, Ste B

City

Fort Walton Beach,

FL

Zip Code

32547

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, 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, 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

TITLE **DP** ☐ Delete
NAME **BOSWELL, JIM C.**
STREET ADDRESS **25 ANASTASIA DRIVE, SE**
CITY-ST-ZIP **FORT WALTON BEACH FL 32548**

TITLE **VP** ☒ Delete
NAME **BOSWELL, STEVEN C.**
STREET ADDRESS **331 ANTIGUA WAY**
CITY-ST-ZIP **NICEVILLE FL 32578**

TITLE **S** ☐ Delete
NAME **BOSWELL, MARY JO**
STREET ADDRESS **25 ANATASIA DR. S.E**
CITY-ST-ZIP **FORT WALTON BEACH FL 32548**

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

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

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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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 supplementary 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

3/28/02 (850) 863-5300

Date

Daytime Phone #

CR2E034 (9/01)