

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2003 8:00 am
Secretary of State

03-20-2003 90394 001 ***750.00

DOCUMENT # H98171

1. Entity Name
J & D, INC.



Principal Place of Business
**937 BULKHEAD ROAD
GREEN COVE SPRINGS FL 32043
US**

Mailing Address
**937 BULKHEAD ROAD
GREEN COVE SPRINGS FL 32043
US**



2. Principal Place of Business
1011 BULKHEAD RD
Suite, Apt. #, etc.

3. Mailing Address
1011 BULKHEAD RD.
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
GREEN COVE SPRINGS, FL
Zip
32043
Country
US

City & State
GREEN COVE SPRINGS, FL
Zip
32043
Country
US

4. FEI Number
59-2634775

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**SMITH, M. DENISE
937 BULKHEAD ROAD
GREEN COVE SPRINGS FL 32043**

7. Name and Address of New Registered Agent

Name **SMITH, M. DENISE**

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

1011 BULKHEAD RD

City **GREEN COVE SPRINGS, FL** Zip Code **32043**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PST** ☐ Delete
NAME **SMITH, M. DENISE**
STREET ADDRESS **937 BULKHEAD ROAD**
CITY-ST-ZIP **GREEN COVE SPRINGS FL**

TITLE **D** ☐ Delete
NAME **SMITH, M. DENISE**
STREET ADDRESS **937 BULKHEAD ROAD**
CITY-ST-ZIP **GREEN COVE SPRINGS FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PST** ☒ Change ☐ Addition
NAME **SMITH, M. DENISE**
STREET ADDRESS **1011 BULKHEAD RD.**
CITY-ST-ZIP **GREEN COVE SPRINGS, FL 32043**

TITLE **D** ☒ Change ☐ Addition
NAME **SMITH, M. DENISE**
STREET ADDRESS **1011 BULKHEAD RD.**
CITY-ST-ZIP **GREEN COVE SPRINGS, FL 32043**

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Ms Denise Smith** **Ms Denise Smith** **3/19/03** **904-281-1222**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)