

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K40981

1. Entity Name

J & D ENTERPRISES OF NASSAU, INC.

FILED

May 03, 2001 8:00 am
Secretary of State

05-03-2001 90948 005 ***150.00

Principal Place of Business

Mailing Address

% DONNIE HOWARD
ROUTE 1, BOX 206-C
BRYCEVILLE FL 32009

% DONNIE HOWARD
ROUTE 1, BOX 206-C
BRYCEVILLE FL 32009



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

% Donnie Howard

% Donnie Howard

Suite, Apt. #, etc.

Suite, Apt. #, etc.

3743 Ellery Lane

3743 Ellery Lane

City & State

City & State

Bryceville, FL

Bryceville, FL

Zip

Country

Zip

Country

32009

NASSAU

32009

NASSAU

6. Name and Address of Current Registered Agent

4. FEI Number 59-2914580

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

HOWARD, DONNIE

ROUTE 1, BOX 206-C 3743 Ellery Lane
BRYCEVILLE FL 32009

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

Donnie Howard

DONNIE HOWARD

4-28-2001

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, 2001 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	D	<input type="checkbox"/> Delete
NAME	HOWARD, JAMES	
STREET ADDRESS	RT. 1, BOX 206-C 3743 Ellery Lane	
CITY-ST-ZIP	BRYCEVILLE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOWARD, DONNIE	
STREET ADDRESS	RT. 1, BOX 206-C 3743 Ellery Lane	
CITY-ST-ZIP	BRYCEVILLE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Howard James	
STREET ADDRESS	3743 Ellery Lane	
CITY-ST-ZIP	Bryceville, FL 32009	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Howard Donnie	
STREET ADDRESS	3743 Ellery Lane	
CITY-ST-ZIP	Bryceville, FL 32009	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Donnie Howard Donnie Howard 4-28-01 (904) 879-1968

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)