

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **K44022**

Entity Name
JD'S KINGDOM, INC.



Principal Place of Business
**2603 LAKE HILLS DRIVE
RIVERVIEW FL 33569**

Mailing Address
**12603 LAKE HILLS DRIVE
RIVERVIEW FL 33569**

FILED
Apr 08, 2004 08:00 AM
Secretary of State



☐ CHECK HERE IF MAKING CHANGES

1. Principal Place of Business		3. Mailing Address		4. FEI Number 59-2911876		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
AKHTER, YOUSUF 12603 LAKE HILLS DR. RIVERVIEW FL 33569				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City	FL	Zip Code	

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 **AKHTER YOUSUF** **April 7/2004**
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 \$650.00 Make Check Payable to Florida Department of State	8. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP AKHTER, YOUSUF 12603 LAKE HILLS DRIVE RIVERVIEW FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	0000000106838 04/08/04-80032-014 150.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST AKHTER, TANZEEM 12603 LAKE HILLS DRIVE RIVERVIEW FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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2. 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 **AKHTER YOUSUF** **April 7/2004 (813) 689-8823**

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CR2E034 (10/02)