

2001 UNIFORM BUSINESS REPORT (UBR)DOCUMENT # **K56662**

1. Entity Name

JAY DEE SOLUTIONS, INC.**FILED**
Apr 10, 2001 8:00 am
Secretary of State

04-10-2001 90142 018 ***150.00

Principal Place of Business

14413 N NEBRASKA AVE
TAMPA FL 33613
US

Mailing Address

14413 N NEBRASKA AVE
TAMPA FL 33613
US**00033884**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2318 W. Marquette Ave.

Suite, Apt. #, etc.

3. Mailing Address

2318 W. Marquette Ave.

Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Tampa, FL4. FEI Number **59-2930313**

Applied For

Not Applicable

Zip

33604-3836

Country

USA

Zip

33604-3836

Country

USA5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

DEYOUNG, JOHN
14413 N NEBRASKA AVE
TAMPA FL 33613

7. Name and Address of New Registered Agent

Name

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

2318 W. Marquette Ave.

City

Tampa**FL**

Zip Code

33604-3836

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **PDS** ☐ Delete
NAME **DEYOUNG, JOHN**
STREET ADDRESS **2318 W MARQUETTE**
CITY-ST-ZIP **TAMPA FL**TITLE **T** ☐ Delete
NAME **DE YOUNG, BARBARA**
STREET ADDRESS **2318 W MARQUETTE**
CITY-ST-ZIP **TAMPA FL**TITLE **V** ☒ Delete
NAME **ESSA, BEVERLY**
STREET ADDRESS **5418 FRIARSWAY DR**
CITY-ST-ZIP **TAMPA FL 33624**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

JOHN DE YOUNG, PRES.

Date

4/3/01

Daytime Phone #

(813) 935-7835

CR2E034 (10/00)