

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000010160

1. Entity Name
JD/DC, LC

FILED

01 MAY 18 PM 12:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
50 N. LAURA ST., SUITE 2800
JACKSONVILLE FL 32202

Mailing Address
50 N. LAURA ST., SUITE 2800
JACKSONVILLE FL 32202



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1418 SAN MARCO Blvd
JACKSONVILLE FL
City & State

3. Mailing Address
1418 SAN MARCO Blvd
JACKSONVILLE FL
City & State

Zip 32207 Country USA

Zip 32207 Country USA

4. FEI Number
59-3610172

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

KIRSCHNER, KENNETH M
50 N. LAURA ST., SUITE 2800
JACKSONVILLE FL 32202

7. Name and Address of New Registered Agent

Name DIANNE CIRNO
Street Address (P.O. Box Number is Not Acceptable)
1418 SAN MARCO Blvd
JACKSONVILLE FL
City FL Zip Code 32207

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 *Dianne Cirno*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-25-01
DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE DIANNE A CIRNO MGRM ☐ Delete
NAME owner
STREET ADDRESS 1624 RIVER RD
CITY-ST-ZIP JACKSONVILLE, FL 32207

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Dianne Cirno*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4-25-01 904 391 00 33
Date Daytime Phone #

0002449 AF

CR2E083 (11/00)