## 2000 UNIFORM BUSINESS REPORT (UBR) Apr 20, 2000 8:00 am Secretary of State **DOCUMENT # L35367** 1. Entity Name J. D. S. F., INC. 04-20-2000 90007 036 \*\*\*150.00 Principal Place of Business Mailing Address C/O JON SCMID & ASSOCIATES S DIXIE HIGHWAY MUT PALM BEACH FL 33405 1630 CLARE AVENUE WEST PALM BEACH FL 33401 INACTIVE 3. Mailing Address 2. Principal Place of Business 1630 Clare Hvenne B above Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0159461 Not Applicable としいごしゃ -Zip-Country \$8.75 Additional Zip Country 5. Certificate of Status Desired V SA 33 <u>~( ) i</u> なりみ Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SCHMID, JON C. Street Address (P.O. Box Number is Not Acceptable) 1630 CLARE AVE. WEST PALM BEACH FL 33401 Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition ☐ Change TITLE ☐ Delete CALDANA, EDWARD NAME STREET ADDRESS 12 MYERS BLVD. STREET ADDRESS RICHMOND HILL, ONT CA CiTY-ST-ZIP CITY-ST-ZIP M Addition ☐ Change ☐ Delete TITLE TITLE DEBIASIO, GIUDITTA NAME NAME STREET ADDRESS 5440 N. OCEAN DR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SINGER ISLAND FL ☐ Change ☐ Addition ☐ Delete TITLE CALDANA, EDWARD NAME NAME STREET ADDRESS 12 MYERS BLVD. STREET ADDRESS CITY-ST-ZIP RICHMOND HILL, ONT CA CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE CAPPUCCITTI, ROCCO NAME STREET ADDRESS STREET ADDRESS 202 GARDEN AVE. CITY-ST-ZIP CITY-ST-ZIP RICHMOND HILL, ONT CA ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 impowered 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 oddress, with all other like impowered.

Daytime Phone #

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR