

2002
2001 UNIFORM BUSINESS REPORT (UBR)

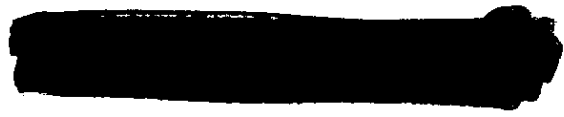
FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90148 011 ***150.00

DOCUMENT # M86646
 1. Entity Name
J & D STORAGE, INC.

Principal Place of Business %JANET COX 684 MONTROSE STREET CLERMONT FL 34711-2120	Mailing Address %JANET COX 684 MONTROSE STREET CLERMONT FL 34711-2120
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address <i>5219 Isleworth Country Club Dr.</i>
City & State	City & State <i>Windemere, FL</i>



DO NOT WRITE IN THIS SPACE

4. FEI Number 50-2446505 <i>59-2892625 (corrected #)</i>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
COX, JANET
684 MONTROSE STREET
CLERMONT FL 34177

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 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 NAME STREET ADDRESS CITY-ST-ZIP	D CORNELL, DAN R. 1922 BRANTLEY CIRCLE CLERMONT FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>5219 Isleworth Country Club Drive</i> <i>Windemere, FL 34786</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CORNELL, JUDY 1922 BRANTLEY CIRCLE CLERMONT FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>5219 Isleworth Country Club Drive</i> <i>Windemere, FL 34786</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 or other like empowered.

SIGNATURE: *[Signature]* **3/25/02**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date