

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M94059

1. Entity Name

J & J LOGGING, INC.

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90229 023 ***150.00

Principal Place of Business

4973 JANER CIRCLE
MILTON FL 32583-3080
US

Mailing Address

4973 JANER CIRCLE
MILTON FL 32583
US

2. Principal Place of Business

4973 Joiner Circle
Suite, Apt. #, etc.

3. Mailing Address

Same
Suite, Apt. #, etc.

City & State

Milton, FL

City & State

Same

4. FEI Number

59-2903852

Applied For

Not Applicable

Zip

32583 - U.S.

Country

Zip

Same

Country

Same

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

6. Name and Address of Current Registered Agent

JERNIGAN, KIMBERLY
4962 JOINER CIRCLE
MILTON FL 32583

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, 2000 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

TITLE	P	<input type="checkbox"/> Delete
NAME	JOINER, WILLIAM LAMAR	
STREET ADDRESS	4973 JOINER CIRCLE	
CITY-ST-ZIP	MILTON FL 32583	
TITLE	VP	<input type="checkbox"/> Delete
NAME	JODY LAMAR JOINER	
STREET ADDRESS	4970 JOINER CIRCLE	
CITY-ST-ZIP	MILTON FL 32583	
TITLE	ST	<input type="checkbox"/> Delete
NAME	KIMBERLY JERNIGAN	
STREET ADDRESS	4962 JOINER CIRCLE	
CITY-ST-ZIP	MILTON FL 32583	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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

Date

Daytime Phone #

1/12/00 (850) 623-5593

CR2E034 (9/99)