2001 UNIFORM BUSINESS REPORT (UBR)

Reinstatement

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 OCT -1 AM 11:07

DOCUMENT # P00000028600

1. Entity Name

JCI & Associates, INC.

Principal Place of Business	Mailing Address
11382 Aston Hall Dr. S. Jacksonville, FL 32246	Same

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc. Same	Suite, Apt. #, etc. Same
City & State	City & State
Zip / Country	Zip / Country

REINSTATEMENT 01

4. FEI Number 59-3617022

Applied For
Not Applicable

SP

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
William E. Doyle 2002 Southside Blvd, #201 Jacksonville, FL 32216	Name: Iona Coates Street Address (P.O. Box Number is Not Acceptable): 1794 Rogero Road City: Jacksonville FL Zip Code: 32211

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: Iona K. Coates 9/27/01

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: Pres. ☐ Delete NAME: Juan Gonzalez STREET ADDRESS: 11382 Aston Hall Dr. S. CITY-ST-ZIP: Jax, FL 32246	☐ Change ☐ Addition 300004627993--8 -10/09/01--01011--018 ****750.00 ****750.00
TITLE: VP ☒ Delete NAME: Peter Russo STREET ADDRESS: 136 19th ave. N. CITY-ST-ZIP: Jax Bch, FL 32250	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Delete	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Delete	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Delete	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Delete	☐ Change ☐ 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 all other like empowered.

SIGNATURE: 9/27/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/00)