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FILED
Jun 07, 2001 8:00 am
Secretary of State

05-15-2001 90155 020 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000033579

1. Entity Name

JCJ SALES & MARKETING, INC.

Principal Place of Business

Mailing Address

~~XX XXXXX CLUB DRIVE XXXX~~
 PONTE VEDRA BEACH FL 32082

~~XX XXXXX CLUB DRIVE XXXX~~
 PONTE VEDRA BEACH FL 32082

2. Principal Place of Business

123 Glen Cove Place

3. Mailing Address

123 Glen Cove Place

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ponte Vedra Beach, FL

City & State

Ponte Vedra Beach, FL

4. FEI Number

59-3681357

Applied For

Not Applicable

Zip

32082

Country

Zip

32082

Country

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

LATSHAW, JOHN H ESQ.

3010 South Third Street

~~XXXX SOUTH THIRD STREET~~~~123 Glen Cove Place~~

JACKSONVILLE BEACH FL 32250

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	D	☐ Delete
NAME	CONSTANTINO, JOHN	
STREET ADDRESS	XX XXXXX CLUB DRIVE XXXX 123 Glen Cove PL	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	
TITLE	D	☐ Delete
NAME	CONSTANTINO, CHRISTINE M	
STREET ADDRESS	XX XXXXX CLUB DRIVE XXXX 123 Glen Cove PL	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
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STREET ADDRESS		
CITY-ST-ZIP		

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

CR2E034 (10/00)