

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 19, 2001 8:00 am
Secretary of State

01-19-2001 90036 049 ***150.00

DOCUMENT # P00000043638

1. Entity Name
JCD SERVICES, INC.

Principal Place of Business 11720 TIMBERS WAY BOCA RATON FL 33428	Mailing Address 11459 WOODCHUCK DR. BOCA RATON FL 33428
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2. Principal Place of Business 11459 WOODCHUCK DR	3. Mailing Address
Suite, Apt. #, etc. BOCA RATON	Suite, Apt. #, etc.
City & State FL	City & State
Zip 33428	Country US



DO NOT WRITE IN THIS SPACE

4. FEI Number 651002114	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent DEAN, JOANNA 11720 TIMBERS WAY BOCA RATON FL 33428	7. Name and Address of New Registered Agent Name DEAN, JOANNA Street Address (P.O. Box Number is Not Acceptable) 11459 WOODCHUCK DR City BOCA RATON FL 33428
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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 *Joanna Dean, President* DATE **1-10-01**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	<input type="checkbox"/> Delete	TITLE (D) President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DEAN, JOANNA		NAME Dean, joanna	
STREET ADDRESS 11720 TIMBERS WAY		STREET ADDRESS 11459 Woodchuck Dr.	
CITY-ST-ZIP BOCA RATON FL 33428		CITY-ST-ZIP Boca Raton Fl. 33428	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: *Joanna Dean, President* DATE **1-10-01** DAYTIME PHONE # **561-477-1647**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)

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