

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 17, 2002 8:00 am**  
**Secretary of State**

09-17-2002 90098 005 \*\*\*150.00

**DOCUMENT # P00000045524**

1. Entity Name  
**J.N.D., INC.**

Principal Place of Business  
**1107-A STATE AVE.**  
**HOLLY HILL FL 32117**

Mailing Address  
**1107-A STATE AVE.**  
**HOLLY HILL FL 32117**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3730998**

Applied For

Not Applicable

Zip

Country

Zip

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

**FUCCI, PETER**  
**1107-A STATE AVE.**  
**HOLLY HILL FL 32117**

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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 ☐ Delete  
 NAME **D FUCCI, PETER**  
 STREET ADDRESS **94 OAK AVE.**  
 CITY-ST-ZIP **ORMOND BEACH FL 32117**

TITLE ☒ Change ☐ Addition  
 NAME **D Fucci, Peter**  
 STREET ADDRESS **1822 James St**  
 CITY-ST-ZIP **S Daytona RI 32119**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

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 REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**9-11-02** **386**  
**258-7807**

CR2E034 (4/02)

Attachment

678246

AMERICAN KITCHEN AND BATH

#P0000004554

1107 A STATE AVENUE  
HOLLY HILL, FL 32117

(904)258-7807  
(904)2587843 fax

~~JOB COSTING SHEET~~

To How It may Concern

I Spoke to Someone on 9-10-02  
After I realized that there was a Penalty,  
I never Received notice, I Also  
had same problem with a traffic ticket  
I had paid with a money order that  
they never Received, I would. Apparently you  
waiving the late penalty because it was the  
mail Fault, Because has been bad enough  
with out more Problems. Thank you for  
the Consideration.

Pete Linn Pres  
American Kitchen