

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000048125

1. Entity Name

JDF ENTERPRISE GROUP INC.

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90339 030 ***150.00

Principal Place of Business

9 SW 13TH STREET
FORT LAUDERDALE FL 33315

Mailing Address

9 SW 13TH STREET
FORT LAUDERDALE FL 33315

2. Principal Place of Business

9890 LIBERTY COURT

Suite, Apt. #, etc.

3. Mailing Address

9890 LIBERTY COURT

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

BOCA RATON FL

City & State

BOCA RATON FL

4. FEI Number

65-1008783

Applied For

Not Applicable

Zip

33434

Country

USA

Zip

33434

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, SEAN
9 SW 13TH STREET
FORT LAUDERDALE FL 33315

7. Name and Address of New Registered Agent

Name

FULTON, DAVID

Street Address (P.O. Box Number is Not Acceptable)

9890 LIBERTY COURT

City

BOCA RATON

State

FL

Zip Code

33434

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: *David W. Fulton* DAVID W. FULTON

Signature, typewritten or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-issuing)

DATE

20 Apr 01

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

TITLE PD ☐ Delete
NAME FULTON, DAVID
STREET ADDRESS 9890 LIBERTY COURT
CITY-ST-ZIP BOCA RATON FL 33434

TITLE VPD ☐ Delete
NAME FULTON, JEANNE
STREET ADDRESS 9890 LIBERTY COURT
CITY-ST-ZIP BOCA RATON FL 33434

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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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 fee empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)