

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 16, 2001 8:00 am
Secretary of State

08-16-2001 90007 028 ***550.00

DOCUMENT # P00000055693

1. Entity Name
JFJ OF JAX, INC.

Principal Place of Business
3929 PONCE DE LEON AVE
JACKSONVILLE FL 32217

Mailing Address
3929 PONCE DE LEON AVE
JACKSONVILLE FL 32217

2. Principal Place of Business

255 Third St.

3. Mailing Address

255 Third St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Neptune Beach, FL

City & State

Neptune Beach, FL

Zip

32266

Country

Duval

Zip

32266

Country

Duval

4. FEI Number

59-3695863

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CRABTREE, R R
8777 SAN JOSE BLVD
BUILDING A SUITE 200
JACKSONVILLE FL 32217

7. Name and Address of New Registered Agent

Name **Richard K. Jones**
 Street Address (P.O. Box Number is Not Acceptable)
501 W. Bay St.
Jacksonville
 City **FL** Zip Code **32202**

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

Richard K. Jones

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

(NOTE: Registered Agent signature required when reinstating)

8-13-01

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 12, 2001 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

TITLE **PO** ☐ Delete
 NAME **MICHALS, JOSEPH D**
 STREET ADDRESS **3929 PONCE DE LEON AVE**
 CITY-ST-ZIP **JACKSONVILLE FL 32217**

TITLE **STD** ☒ Delete
 NAME **WILLIAMS, MICHAEL J**
 STREET ADDRESS **3741 PLANTERS CREEK CIRCLE EAST**
 CITY-ST-ZIP **JACKSONVILLE FL 32216**

TITLE **VD** ☐ Delete
 NAME **FRANGIE, FRANK M**
 STREET ADDRESS **8786 PERIMETER PARK BLVD**
 CITY-ST-ZIP **JACKSONVILLE FL 32216**

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 **STD** ☒ Change ☐ Addition
 NAME **Michals, Joseph D.**
 STREET ADDRESS **3929 Ponce De Leon Ave.**
 CITY-ST-ZIP **Jacksonville, FL. 32217**

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

TITLE **PD** ☒ Change ☐ Addition
 NAME **Frangie, Frank M**
 STREET ADDRESS **8786 Perimeter Park Blvd.**
 CITY-ST-ZIP **Jacksonville, FL. 32216**

TITLE **Adeeb, Joseph VD** ☐ Change ☒ Addition
 NAME
 STREET ADDRESS **10645 Philips Hwy. Bldg. 200**
 CITY-ST-ZIP **Jacksonville, FL. 32256**

TITLE **Anderson Craig D** ☐ Change ☒ Addition
 NAME
 STREET ADDRESS **10645 Philips Hwy. Bldg. 200**
 CITY-ST-ZIP **Jacksonville, FL. 32256**

TITLE **Gibbs, Thomas E. D** ☐ Change ☒ Addition
 NAME
 STREET ADDRESS **50 N. Laura St. Suite 2800**
 CITY-ST-ZIP **Jacksonville, FL. 32202**

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:

Craig M. Anderson Dir. **8-13-01**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **2001-08-13** Daytime Phone # **904-8310**

CR2004 (5/01)