

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90163 030 ***150.00

DOCUMENT # P00000059027

1. Entity Name
J.V.K. OF ST. JOHNS, INC.

Principal Place of Business Mailing Address
58 BRISTOL LANE **58 BRISTOL LANE**
PALM COAST FL 32137 **PALM COAST FL 32137**

2. Principal Place of Business 3. Mailing Address
9600 Oceanshore Blvd. Suite, Apt. #, etc.

City & State City & State
Marineland, FL **FL**
 Zip Country Zip Country
32080

4. FEI Number Applied For
59-3664740 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
DONALD W. DUNCAN, P.A.
25 FLORIDA PARK DR. NORTH
PALM COAST FL 32137

7. Name and Address of New Registered Agent
 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

TITLE	D <input type="checkbox"/> Delete
NAME	RICKENBACK, KATHLEEN A
STREET ADDRESS	58 BRISTOL LANE
CITY-ST-ZIP	PALM COAST FL 32137
TITLE	D <input type="checkbox"/> Delete
NAME	NORRIS, JAMES E
STREET ADDRESS	179 LONDON DR.
CITY-ST-ZIP	PALM COAST FL 32137
TITLE	D <input type="checkbox"/> Delete
NAME	NORRIS, VICKY L
STREET ADDRESS	179 LONDON DR.
CITY-ST-ZIP	PALM COAST FL 32137
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: Vicky L. Norris Vicky L. Norris 4-24-01 904-447-5731
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)