

2001 UNIFORM BUSINESS REPORT (UBR)

242

DOCUMENT # P00000067838

1. Entity Name

JDB INTERIOR, INC.

FILED

02 JAN -2 PM 1:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

5648 SOUTH WEST 142 AVENUE
FORT LAUDERDALE FL 33330

Mailing Address

5648 SOUTH WEST 142 AVENUE
FORT LAUDERDALE FL 33330

2. Principal Place of Business

503 NW 208 Terrace

3. Mailing Address

503 NW 208 Terrace

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Pembroke Pines, FL

City & State

Pembroke Pines, FL

4. FEI Number

65-1031515

Applied For

Not Applicable

Zip

33029

Country

USA

Zip

33029

Country

USA

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

BURNSTAD, JARED D
5648 SOUTH WEST 142 AVENUE
FORT LAUDERDALE FL 33330

Name

Jared D. Burnstad

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

503 NW 208 Terrace

City

Pembroke Pines

FL

Zip Code

33029

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]

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

(NOTE: Registered Agent signature required when reinstating)

4-16-01

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 \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	BURNSTAD, JARED D	
STREET ADDRESS	5648 SOUTH WEST 142 AVENUE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33330	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ROBERTS, JOY	
STREET ADDRESS	5648 SOUTH WEST 142 AVENUE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33330	
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		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	503 NW 208 Terrace	
CITY-ST-ZIP	Pembroke Pines, FL 33029	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Joy Burnstad	
STREET ADDRESS	503 NW 208 Terrace	
CITY-ST-ZIP	Pembroke Pines, FL 33029	
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
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)(l), 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:

Joy Roberts

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-01

Date

Daytime Phone #

CR2E034 (10/00)