

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91146 020 ***150.00

DOCUMENT # P00000067906

1. Entity Name
J&D'S AUTO AND TRUCK MAINTENANCE, INC. ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2945 S. Military Trail

3. Mailing Address
2945 S. Military Trail

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
West Palm Beach, FL 33415

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West Palm Beach, FL 33415

4. FEI Number
65-1030099

Applied For
Not Applicable

Zip
33415

Country

Zip
33415

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
DENERICK ROBINSON

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

3920 MAX PLACE
BOYNTON BEACH

FL

Zip Code
33436

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 *Denerick Robinson*

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)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
NAME ROBINSON, DENERICK
STREET ADDRESS 3920 MAX PLACE APT #105
CITY-ST-ZIP BOYNTON BEACH, FLORIDA 33436

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD
NAME DAY, JAMES A JR.
STREET ADDRESS 7930 ROCKPORT CIRCLE
CITY-ST-ZIP LAKE WORTH, FLORIDA 33467 *Delete*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ST
NAME DAY, VICTORIA
STREET ADDRESS 7930 ROCKPORT CIRCLE
CITY-ST-ZIP LAKE WORTH, FLORIDA 33467 *Delete*

TITLE
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CITY-ST-ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Denerick Robinson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)