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FILED

Jun 07, 2001 8:00 am
Secretary of State

05-16-2001 90227 032 ***158.75

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000075175

1. Entity Name

J D PRIVATE TASKS, INC.

Principal Place of Business

Mailing Address

15476 NW 77TH CT., #601
MIAMI LAKES FL 3301615476 NW 77TH CT., #601
MIAMI LAKES FL 33016

48317



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1036596

Applied For

Not Applicable

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

DRESE, JAMES W
15476 NW 77TH CT., #601
MIAMI LAKES FL 33016

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Delete ☐
PRESIDENT
JAMES W. DRESE
6055 NW 170th
MIAMI, FL 33015TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Delete ☐TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Delete ☐TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Delete ☐TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Delete ☐TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Delete ☐

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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:

James W. Drese
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR4/17/01 305-218-3840
Date Daytime Phone

CR2E034 (10/00)