2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 10, 2001 8:00 am
Secretary of State
02-03-2001 90050 048 ***150.00

76043

DO NOT WRITE IN THIS SPACE

DOCUMENT # P00000080038

1. Entity Name
J & P INC OF ORMOND BEAQCH

Principal Place of Business
420 LAKE BRIDGE PLAZA DR STE #515
ORMOND BEACH FL 32174

Mailing Address
420 LAKE BRIDGE PLAZA DR STE #515
ORMOND BEACH FL 32174

2. Principal Place of Business: 420 Lakebridge Pl. Dr
Suite, Apt. #, etc.: #515
City & State: ORMOND BEACH, FL
Zip: 32174 Country:

3. Mailing Address: 420 Lakebridge Pl. Dr
Suite, Apt. #, etc.: #515.
City & State: ORMOND BEACH FL
Zip: 32174 Country:

4. FEI Number: 59-3660895 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent
PATEL, PRAVIN C
420 LAKE BRIDGE PLAZA DR STE #515
ORMOND BEACH FL 32174

7. Name and Address of New Registered Agent
Name:
Street Address (P.O. Box Number is Not Acceptable): N/A
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 resident 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☑ Addition PRESIDENT PRAVIN C. PATEL 420 LAKE BRIDGE PL. DR # 515 ORMOND BEACH. FL-32174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	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: Pravin C PRAVIN PATEL 01-29-01 904-677-3689
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/00)