2001 UNIFORM BUSINESS REPORT (UBR)

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

DOCUMENT # P00000080038

1. Entity Name
J & P INC OF ORMOND BEAQCH

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

76043

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
420 Lakebridge Pl. Dr		420 Lakebridge Pl. Dr	
Suite, Apt. #, etc. #515		Suite, Apt. #, etc. #515.	
City & State ORMOND. BEACH. FL		City & State ORMOND BEACH FL	
Zip 32174	Country	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 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT PRAVIN C. PATEL 420 LAKE BRIDGE PL. DR # 515 ORMOND BEACH. FL-32174	☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/00)

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. Patel PRAVIN PATEL. 01-29-01. 904-677-3689
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #