

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 31, 2001 8:00 am
Secretary of State

02-01-2001 90001 042 ***150.00

0077896 AV

DOCUMENT # P00000099581

1. Entity Name

J D CAPITAL & ASSOCIATES INC.

Principal Place of Business

Mailing Address

**23 E CROSSING CIRCLE
 BOYNTON BEACH FL 33435**

**23 E CROSSING CIRCLE
 BOYNTON BEACH FL 33435**

2. Principal Place of Business

3. Mailing Address

J D CAPITAL & ASSOCIATES

JIMMY DASSLER

Suite, Apt. #, etc.

Suite, Apt. #, etc.

23 E CROSSINGS CIR

23 E CROSSINGS CIR

City & State

City & State

BOYNTON BCH, FL

BOYNTON BCH, FL

Zip

Country

Zip

Country

33435

U.S.

33435

U.S.



DO NOT WRITE IN THIS SPACE

4. FEI Number

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

**DASSLER, JIMMY LEE
 23 E CROSSING CIRCLE
 BOYNTON BEACH FL 33435**

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

[Signature]
 (NOTE: Registered Agent signature required when reinstating)

JIMMY L. DASSLER CEO 7-9-01
 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 \$550.00
 After September 12, 2001 Fee will be \$750.00
 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 **PRESIDENT CEO** ☐ Delete
 NAME **JIMMY LEE DASSLER**
 STREET ADDRESS **23 E CROSSINGS CIR**
 CITY-ST-ZIP **BOYNTON BCH, FL 33435**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
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 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)(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:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-9-01 740-0994
 Date Daytime Phone #

CR2E034 (5/01)