2002'UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P0100058212 1. Entity Name JJDY, INC.					Jan 16, 2002 8:00 am Secretary of State 01-16-2002 90089 013 ***150.00			
Principal Place of Business 5000 NORWOOD AVE #14 JACKSONVILLE FL 32208 Mailing Address 5000 NORWOOD AVE #14 JACKSONVILLE FL 32208								
5000 Suite, Apt.	Suite, Apt. #, etc. Suite, Apt. #, etc. /// ///				DO NOT WRITE IN THIS SPACE			
City & Stat	4CKSONVILLE	City & State ACKSO	WVILLE		El Number 59 — 3 72 6492	No	plied For t Applicable	
دد3 دد3	58 - Duval	30208	Country, OUVAI	<u> </u>	Certificate of Status Desired	\$8.75 Add Fee Required		
	6. Name and Address of Current	Registered Agent	Name	7. N	lame and Address of New Registered	Agent		
EUR, YOUNG 5000 NORWOOD AVE., #14 JÁCKSONVILLE FL 32208			Street Addre	Street Address (P.O. Box Number is Not Acceptable)				
JACKSON	IVILLE PL 32206		City		FI	Zip Code	÷	
8. The above	named entity submits this statement fo	r the purpose of changing its red	aistered office or rea	istered age	ent, or both, in the State of Florida.			
_	Mon		J		11.1	1 02_		
SIGNATURE,	Signature typed or printed name of registered agent	and title if applicable. (NOTE: Re	egistered Agent signature re-	quired when re	, , , , ,			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW!!! FEE After May 1, 2002 Fee Make Check Payable to De			Fee will be \$550.		Election Campaign Financing Trust Fund Contribution.		0 May Be to Fees	
11.	OFFICERS AND	DIRECTORS	12.	AD	DITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS	3 IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EUR, YOUNG 12880 CHETS CREEK DR., NORT JACKSONVILLE FL 32224	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition	
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13. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

SIGNATURE: 🔼 SIGNATURE REQUIRED

CITY-ST-ZIP

Date

Daytime Phone #