

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90068 001 ***150.00

DOCUMENT # **P01000095813** ✓

1. Entity Name

J-D-E, Inc.

659600

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1300 Seneca Falls Dr.

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 517

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Orlando, Florida

Zip

32828

Country

United States

City & State

Winter Park, Florida

Zip

32790

Country

United States

4. FEI Number,

59-3754309

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

JOANIE L. DOOLAN

Street Address (P.O. Box Number is Not Acceptable)

1300 Seneca Falls Drive

City

Orlando

FL

Zip Code

32828

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 resigning)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1, Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE	Director	TITLE	
NAME	Joanie L. Doolan	NAME	
STREET ADDRESS	1300 Seneca Falls Dr.	STREET ADDRESS	
CITY-ST-ZIP	Orlando, FL 32828	CITY-ST-ZIP	
TITLE	Director	TITLE	
NAME	Thomas J. Doolan	NAME	
STREET ADDRESS	1300 Seneca Falls Dr.	STREET ADDRESS	
CITY-ST-ZIP	Orlando, FL 32828	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with or without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas J. Doolan

04/27/02

407/35-9795

Date

Daytime Phone

CR2E034B (12/01)