

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2003 8:00 am
Secretary of State

04-03-2003 90191 007 ***150.00

DOCUMENT # P02000033613

1. Entity Name
JOE NEXT DOOR, INC.



Principal Place of Business
22464 THOUSAND PINES LN
BOCA RATON FL 33428

Mailing Address
22464 THOUSAND PINES LN
BOCA RATON FL 33428



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

20423 State Road 7

Suite, Apt. #, etc.

#F6-457

City & State

Boca Raton FL

4. FEI Number

01-0658015

Applied For

Not Applicable

Zip

Country

Zip

Country

33498

U.S.

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

GILBERTSON, STEPHEN W C.P.A.
2200 NE 26 ST
WILTON MANERS FL 33305

NO LONGER

REGISTERED AGENT

Name

Andrew J Vitale Jr.

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

22464 Thousand Pines Lane

City

Boca Raton

FL

Zip Code

33428

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/17/03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DPST** ☐ Delete
NAME **VITALE, ANDREW J JR**
STREET ADDRESS **22464 THOUSAND PINES LN**
CITY-ST-ZIP **BOCA RATON FL 33428**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/03

Date

866-880-7476

Daytime Phone #

CR2E034 (10/02)