

FILED
Jun 09, 2003 8:00 am
Secretary of State

05-05-2003 91868 045 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000054441					
1. Entity Name JBD HOLDINGS, INC.					
Principal Place of Business 18 LOGGERHEAD LANE PONTE VEDRA BEACH, FL 32082			Mailing Address 18 LOGGERHEAD LANE PONTE VEDRA BEACH, FL 32082		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 020599510	
				Applied For Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DRAKE, JANET L. 8 FIARFIELD BLVD STE 8 PONTE VEDRA BEACH, FL 32082			7. Name and Address of New Registered Agent		
			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____					
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS					
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP		
	PRESIDENT	BURNETT DONOHU	18 LOGGERHEAD LANE		
		PONTE VEDRA, FL 32082			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP		
	SECRETARY	JANE DONOHU	18 LOGGERHEAD LANE		
		PONTE VEDRA, FL 32082			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP		
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP		
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP		
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP		
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP		
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP		
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP		
TITLE	NAME	STREET ADDRESS	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: Burnett Donohu PRESIDENT BURNETT DONOHU 4/30/03 (904) 333-3269					

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☐ CHECK HERE IF MAKING CHANGES

CIRCLES (10/02)