P06027 **DOCUMENT #**

1. Entity Name

J & JD OF JACKSONVILLE, INC.

Principal Place of Business

143 ANCHOR DRIVE VERO BEACH FL 32963 Mailing Address

C/O BARRY MEHLER

1140 CONNECTICUT AVENUE. #803

WASHINGTON DC 20036

3. Mailing Address	
Suite, Apt. #, etc.	· · ·

FILED Apr 16, 2002 8:00 am Secretary of State

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2. Principal P	lace of Busin	ess	3. Mailing Address		s subscient ser motion peter intitie itente i	ASI BISILOISI	Panan aina	Blok Skol (sa)			
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State			City & State			4 . F	58-1567689		_	oplied For	
Zip		Country	Zip	Zip Cour		5 . C	Certificate of Status Desired		8.75 Ad	ditional	
\$	6. Name	and Address of Current I	Registered Agent		7. Name and Address of New Registered Agent						
DURBIN, JAMES E. 143 ANCHOR DRIVE VERO BEACH FL 32963				Name							
				Street Address (P.O. Box Number is Not Acceptable)							
VERU DE	AUTI FL 323	703			<u> </u>						
					City			FL	Zip Cod	le	
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 reinstating) DATE											
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW After May 1, 2 Make Check Paye			02 Fee	will be \$5	50.00	10. Election Campaign Finan Trust Fund Contribution.	cing 🗀		00 May Be d to Fees		
11.		OFFICERS AND I	DIRECTORS	12.		ADI	DITIONS/CHANGES TO OFFICE	RS AND D	IRECTOR	S IN 11	
NAME STREET ADDRESS CITY-ST-ZIP	PD DURBIN, 3 1420 BEV MCLEAN	ERLY RD., #330	☐ Delete						Change	☐ Addition }	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		JAMES E JOR DRIVE ACH FL 32963	Delete		:		. ~ .		_ Change	Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delate		i			(Change	Addition	

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.