

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P28040

1. Entity Name
J.M.D. ENTERPRISES, INC. OF CALIFORNIA

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90119 017 ***150.00

Principal Place of Business

2156 N MAIN ST
WALNUT CREEK CA 94596
US

Mailing Address

2156 N MAIN ST
WALNUT CREEK CA 94596
US

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 **68-0196415**

Applied For

Not Applicable

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

REITZ, JOANNE
4656 SWILCAN BRIDGE LANE S.
JACKSONVILLE FL 32224

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.

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!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME CHAVANNES, DIANNE
STREET ADDRESS 1759 BRONZRWOOD CT.
CITY-ST-ZIP THOUSAND OAKS CA 91320 ☐ Delete

TITLE PD
NAME Chavannes, Dianne
STREET ADDRESS 340 Golf Brook Cr., #104
CITY-ST-ZIP Longwood, FL 32779 ☒ Change ☐ Addition

TITLE VSD
NAME REITZ, JOANNE
STREET ADDRESS 4656 SWILCAN BRIDGE LANE S.
CITY-ST-ZIP JACKSONVILLE FL 32224 ☐ Delete

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

TITLE TD
NAME GORE, MICHAEL
STREET ADDRESS 18232 ANDOVER STREET
CITY-ST-ZIP EDMONDS WA 98026 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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.

SIGNATURE:

Dianne Chavannes
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dianne Chavannes 925-935-6862
Date Daytime Phone # Ext. 15

CR2E034 (10/00)