

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P92000003496

1. Entity Name

JAX MAINTENANCE MANAGEMENT CORP.

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90966 042 ***150.00

Principal Place of Business

Mailing Address

~~1930 SAN MARCO BLVD~~ 1611 Mayfair Rd.
 JACKSONVILLE FL 32207
 US

~~1930 SAN MARCO BLVD~~ 1611 Mayfair Rd.
 JACKSONVILLE FL 32207-3275
 US

2. Principal Place of Business

1611 Mayfair Rd.

3. Mailing Address

1611 Mayfair Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Jax FL

City & State

Jax FL

4. FEI Number

59-3156954

Applied For

Not Applicable

Zip

32207

Country

US

Zip

32207

Country

US

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

GRIFFIN, DANNY P

~~1930 SAN MARCO BLVD~~ 1611 Mayfair Rd.
 JACKSONVILLE FL 32207

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, 2000 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 DP
 NAME GRIFFIN, DANNY P
 STREET ADDRESS ~~1930 SAN MARCO BLVD~~ 1611 Mayfair Rd.
 CITY-ST-ZIP JACKSONVILLE FL

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 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)