

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000013764

1. Entity Name

JDN CONSTRUCTION, INC.

FILED
Feb 03, 2000 8:00 am
Secretary of State

02-03-2000 90036 016 ***150.00

Principal Place of Business

Mailing Address

8 FOX VALLEY DR.
ORANGE PARK FL 32073
US

8 FOX VALLEY DR.
ORANGE PARK FL 32073-6405
US

2. Principal Place of Business

1959 LAKESHORE DR., N

3. Mailing Address

1959 LAKESHORE DR., N

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORANGE PARK, FL

City & State

ORANGE PARK, FL

Zip

Country

32073

Zip

Country

32073

4. FEI Number

59-3162859

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

NICHOLS, JAMES D
8 FOX VALLEY DR.
ORANGE PARK FL 32073

Name

NICHOLS, LINDA C

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

1959 LAKESHORE DR., N

ORANGE PARK, FL

32073

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

Linda C. Nichols, Linda C. Nichols VPSD

1/25/00

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 VPD
NAME NICHOLS, LINDA C
STREET ADDRESS 8 FOX VALLEY DR.
CITY-ST-ZIP ORANGE PARK FL 32073

☐ Delete

TITLE PTD
NAME NICHOLS, JAMES D
STREET ADDRESS 8 FOX VALLEY DR.
CITY-ST-ZIP ORANGE PARK FL 32073

☐ Delete

TITLE VPSD
NAME NICHOLS, DORIS H
STREET ADDRESS 8 FOX VALLEY DR.
CITY-ST-ZIP ORANGE PARK FL

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE VPSD
NAME NICHOLS, LINDA C
STREET ADDRESS 1959 LAKESHORE DR., N.
CITY-ST-ZIP ORANGE PARK, FL 32073

☒ Change ☒ Addition

TITLE
NAME NICHOLS, JAMES D.
STREET ADDRESS 1959 LAKESHORE DR., N.
CITY-ST-ZIP

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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☐ Change ☐ Addition

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:

Linda C. Nichols

1/25/00

904-264-0411

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)