

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P93000048367**

1. Entity Name
J.D. INVESTMENTS, INC.

FILED

02 NOV 12 AM 11:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

~~227 HARRISON AVE.~~
PANAMA CITY FL 32401

Mailing Address

~~227 HARRISON AVE.~~
PANAMA CITY FL 32401

2. Principal Place of Business

223 E. BEACH DRIVE
Suite, Apt. #, etc.

3. Mailing Address

223 E. BEACH DRIVE
Suite, Apt. #, etc.

City & State

City & State

REINSTATEMENT

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3201197**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

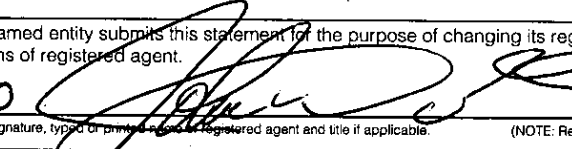
6. Name and Address of Current Registered Agent

GORDON, BRUCE H
SHUMAKER LOOP & KENDRICK
101 E. KENNEDY BLVD., #2500
TAMPA FL 33602

7. Name and Address of New Registered Agent

Name **JOAN W. DARRAH**
Street Address (P.O. Box Number is Not Acceptable)
223 E. BEACH DRIVE
City **PANAMA CITY** FL Zip Code **32401**

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 
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

11/6/02
DATE

This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. ☐
(See criteria on back)

FILE NOW!!! FEE IS \$550.00
After September 13, 2002 Fee will be \$750.00
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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	DARRAH, JOHN W	227 HARRISON AVE.	PANAMA CITY FL 32401	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 or other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/23/02

850-784-3900

CP2E034 (4/02)