

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000064641

1. Entity Name

J & J INVESTMENT GROUP OF NORTH FLORIDA, INC.

Principal Place of Business

Mailing Address

~~2690 CIMARRONE BLVD.~~  
JACKSONVILLE FL 32259

~~2690 CIMARRONE BLVD.~~  
JACKSONVILLE FL 32259-2163

2. Principal Place of Business

3. Mailing Address

3117 Mohave Way  
Suite, Apt. #, etc.

3117 Mohave Way  
Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3201298

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

MURPHY, PATRICK T  
2690 CIMARRONE BLVD.  
BLDG 400 STE 250  
JACKSONVILLE FL 32259

Name

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

3117 Mohave Way

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]*  
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	D	<input type="checkbox"/> Delete
NAME	LABAR, JAMES C	
STREET ADDRESS	2690 CIMARRONE BLVD.	
CITY-ST-ZIP	JACKSONVILLE FL 32259	
TITLE	D	<input type="checkbox"/> Delete
NAME	JEFFERS, RICHARD E	
STREET ADDRESS	% S. 8TH AND O ST.	
CITY-ST-ZIP	RICHMOND IN 47375-0129	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3117 Mohave Way	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)