

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State
 05-02-2002 90148 024 ***158.75

DOCUMENT # P93000071383

1. Entity Name
JD FLOOR SERVICES, INC.

Principal Place of Business
2788 SW 46TH COURT
FT. LAUDERDALE FL 33312
US

Mailing Address
2788 SW 46 COURT
FT. LAUDERDALE FL 33312
US



2. Principal Place of Business
10971 NW 41 Drive
 Suite, Apt. #, etc.

3. Mailing Address
10971 NW 41 Drive
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Coral Springs

City & State
Coral Springs

4. FEI Number **65-0445332**

Applied For
 Not Applicable

Zip **333065** Country **US**

Zip **333065** Country **US**

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, DON
2788 SW 46TH COURT
FT. LAUDERDALE FL 33312

7. Name and Address of New Registered Agent

Name **Don Williams**
 Street Address (P.O. Box Number is Not Acceptable)
10971 NW 41 Drive
 City **Coral Springs** **FL** Zip Code **333065**

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 *Don Williams* **4-20-02**
 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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, DON 2788 SW 46TH COURT FORT LAUDERDALE FL 33312	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Don Williams 10971 NW 41 Drive Coral Springs FL 333065	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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 all other like empowered.

SIGNATURE: *Don Williams* **4-20-02** **954-444-2467**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)