

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90098 022 ***150.00

DOCUMENT # P94000019008

1. Entity Name
JOAN PELLERIN, INC.

Principal Place of Business

**3105 BRIDGESTONE DR
 JACKSONVILLE FL 32216**

Mailing Address

**3105 BRIDGESTONE DR
 JACKSONVILLE FL 32216**

2. Principal Place of Business

2429 TALL MAPLE LOOP

3. Mailing Address

2429 TALL MAPLE LOOP

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

OCOE, FL

City & State

OCOE, FL

Zip

Country

34761 USA

Zip

Country

34761 USA

4. FEI Number **59-3224704**

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

**DIORIO, JOAN P
 3105 BRIDGESTONE DRIVE
 JACKSONVILLE FL 32216**

Name

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

2429 TALL MAPLE LOOP

City

OCOE

FL

Zip Code

34761

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

Joan P. Diorio

JOAN P. DIORIO, President 4-29-01

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, 2001 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** ☐ Delete
 NAME **DIORIO, JOAN P**
 STREET ADDRESS **3105 BRIDGESTONE DRIVE**
 CITY-ST-ZIP **JACKSONVILLE FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **V** ☒ Delete
 NAME **DIORIO, ROGER S.**
 STREET ADDRESS **3105 BRIDGESTONE DRIVE**
 CITY-ST-ZIP **JACKSONVILLE FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Change ☐ 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:

Joan P. Diorio

JOAN P. DIORIO 4-29-01

Date

Daytime Phone #

CR2E034 (10/00)