

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2002 8:00 am
Secretary of State

03-24-2002 90020 041 ***150.00

DOCUMENT # P94000021225

1. Entity Name
JOSEPH KMAID, INC.

Principal Place of Business 538 RIDGEWOOD AVE. HOLLY HILL FL 32117	Mailing Address 538 RIDGEWOOD AVE. HOLLY HILL FL 32117
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3231389	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent KMAID, JOSEPH 538 RIDGEWOOD AVE. HOLLY HILL FL 32117	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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
P KMAID, JOSEPH 538 RIDGEWOOD AVE. HOLLY HILL FL 32117			
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
ST KMAID, CAROLINE 538 RIDGEWOOD AVE. HOLLY HILL FL 32117			
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: _____ **REQUIRED** **8-11-02 - 386-253-7731**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)

MORGAN B. GILREATH, JR., MA, ASA, CFA
VOLUSIA COUNTY PROPERTY APPRAISER
250 N. BEACH ST., ROOM 109
DAYTONA BEACH, FL 32114
DELAND 386-736-5901 DAYTONA 386-254-4601

STATE OF FLORIDA
COUNTY OF

VOLUSIA

2002

Tangible Personal Property Tax Return

CONFIDENTIAL §193.074 F.S.

As Required by §§ 193.052 & 193.062, F.S.

RETURN TO COUNTY PROPERTY APPRAISER

BY APRIL 1 TO AVOID PENALTIES

**THIS RETURN IS SUBJECT TO AUDIT WITH ALL RECORDS KEPT BY YOU.
INCOMPLETE ENTRIES ARE SUBJECT TO PENALTIES.**

1. Please Give Name and Telephone Number of Owner or Person in Charge of This Business.

Name _____ Telephone _____

Corporate Name _____

2. Actual Physical Location of Property for Which This Return is Filed (Street Address - NOT P.O. Box) _____

3. Is your Business or Farm Located Within the Incorporated Limits of a City? Yes _____ No _____
What City? _____

4. Do You File a Tangible Personal Property Tax Return Under Any Other Name? Yes _____ No _____
Please Show Name Exactly as it Appeared on Your Most Recent Personal Property Tax Bill or
Other Current Tax Return: _____

5. Date You Began Business in This County: _____
Fiscal Year _____

5a. Although my fiscal year ended prior to December 31 of the past calendar year, this return
reflects property additions and deletions through December 31. Yes _____ No _____

6. Describe Type or Nature of Your Business: _____

7. Trade Level: (check as many as apply) Retail ☐ Wholesale ☐ Manufacturing ☐
Professional ☐ Service ☐ Agriculture ☐ Leasing/Rental ☐ Other ☐

8. Did You File a Tangible Personal Property Return in This County Last Year? Yes _____ No _____
If so, Under What Name, and Where? _____

9. Former Owner of the Business: _____

9a. If Business Sold To Whom? _____

Date Sold _____

4244-01-22-0401 0000 4478116 DISTRICT 2222
LOCATION MILL PC
538 RIDGEWOOD AV 203 121401
HH
Attachment
Doc # P94 0000 21225

JOSEPH KMAID INC
J-FOOD STORES
538 RIDGEWOOD AVE
HOLLY HILL FL 32117-4424
426610 2496

If name or mailing address is incorrect, make necessary corrections in this box.
BUSINESS NAME (DBA - Doing Business As) AND MAILING ADDRESS
FEDERAL EMPLOYER IDEN. NO. SOCIAL SECURITY NUMBER

____ - ____ - ____ - ____ - ____ - ____ - ____ - ____

NAICS/SIC _____



4478116

PERSONAL PROPERTY SUMMARY

THIS IS A SUMMARY SCHEDULE ONLY. The Schedules On The REVERSE SIDE Must
Be Completed in Detail And TOTALS entered below. ATTACH ITEMIZED LIST Or
DEPRECIATION SCHEDULE Showing Original Cost & Date of Acquisition.

10. Office Furniture & Office Machines & Library
11. EDP Equipment, Computers, Word Processors
12. Store, Bar & Lounge, and Restaurant Furniture & Equipment, Etc.
13. Machinery and Manufacturing Equipment
14. Farm, Grove, and Dairy Equipment
15. Professional, Medical, Dental & Laboratory Equipment
16. Hotel, Motel & Apartment Complex
16a. Rental Units - Stove, Refrig., Furniture, Drapes & Appliances
17. Mobile Home Attachments (Carport, Utility Bldg., Cabana, Porch, Etc.)
18. Service Station & Bulk Plant Equipment - Underground Tanks, Lifts, Tools
19. Signs - Billboards, Pole, Wall, Portable, Directional, Etc.
20. Leasehold Improvements Must Be Grouped By Type, Year of Installation and Description
21. Pollution Control Equipment
22. Equipment Owned By You But Rented, Leased or Held By Others
23. Supplies - Not Held for Resale
24. Other - Please Specify

TOTAL PERSONAL PROPERTY

TAXPAYER'S ESTIMATE
OF FAIR MARKET
VALUE

ORIGINAL
INSTALLED
COST

APPRAISER'S
USE ONLY

Under penalties of perjury, I declare that I have read the foregoing tax return and the accompanying schedules and
statements and that the facts stated in them are true. If prepared by someone other than the taxpayer, the preparer
signing this return certifies that this declaration is based on all information of which he/she has any knowledge.

DATE: _____ TITLE: _____

SIGNED: _____
(TAXPAYER)

SIGNED: _____
(PREPARER)

ADDRESS: _____

PHONE NO.: _____ PREPARER'S I.D. # _____

LESS EXEMPTION: () WIDOW () WIDOWER () BLIND
() TOTAL DISABILITY () OTHER

TAXABLE VALUE

DEPUTY

PENALTY

PLEASE SIGN AND DATE YOUR RETURN, SEND THE ORIGINAL TO
THE COUNTY APPRAISER'S OFFICE BY APRIL 1. UNSIGNED
RETURNS CANNOT BE ACCEPTED BY THE APPRAISER'S OFFICE.

NOTICE: IF YOU ARE ENTITLED TO A WIDOW'S, WIDOWER'S OR DISABILITY
EXEMPTION ON PERSONAL PROPERTY (NOT ALREADY CLAIMED ON REAL
ESTATE) CONSULT APPRAISER.

SCHEDULES ON REVERSE SIDE MUST BE COMPLETED IN FULL