

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000036545

1. Entity Name

JBSCI, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90150 017 ***150.00

Principal Place of Business

Mailing Address

~~3906 EVERETT AVENUE~~
~~SUITE 7~~
MIDDLEBURG FL 32068
US

~~3906 EVERETT AVENUE~~
~~SUITE 7~~
MIDDLEBURG FL 32068-5016
US

2. Principal Place of Business

8977 Heeklong Rd.

Suite, Apt. #, etc.

8A

3. Mailing Address

8977 Heeklong Rd

Suite, Apt. #, etc.

8A

City & State

Jacksonville, FL

City & State

Jacksonville, FL

Zip

32210

Country

USA

Zip

32210

Country

USA

4. FEI Number

59-3244298

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

LAW, JEAN C

3906 EVERETT AVENUE
MIDDLEBURG FL 32068

Name

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

8977 Heeklong Road Suite 8A

City

Jacksonville

FL

Zip Code

32210

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/16/00

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	DP	<input type="checkbox"/> Delete
NAME	LAW, JEAN C.	
STREET ADDRESS	3906 EVERETT AVENUE	
CITY-ST-ZIP	MIDDLEBURG FL	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	LAW, MALCOLM B.	
STREET ADDRESS	3906 EVERETT AVENUE	
CITY-ST-ZIP	MIDDLEBURG FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	8977 Heeklong Rd. Suite 8A
CITY-ST-ZIP	Jacksonville, FL 32210
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	8977 Heeklong Rd. Suite 8A
CITY-ST-ZIP	Jacksonville, FL 32210
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Malcolm B. Law
RECORDED

04-16-00

CR2E034 (9/99)