

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000036545

1. Entity Name
JBSCI, INC.

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90426 038 ***150.00

0015204

Principal Place of Business
~~8977 HERLONG RD~~
~~8A~~
JACKSONVILLE FL 32210
US

Mailing Address
~~8977 HERLONG RD~~
~~8A~~
JACKSONVILLE FL 32210
US

2. Principal Place of Business
9120 Herlong Rd. Bldg. 5

3. Mailing Address
9120 Herlong Rd. Bldg. 5

Suite, Apt. #, etc.
8A

City & State
Jacksonville, FL

Zip
32210

Country
USA



DO NOT WRITE IN THIS SPACE

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
LAW, JEAN C
~~8977 HERLONG RD~~
~~8A~~
JACKSONVILLE FL 32210

7. Name and Address of New Registered Agent
Name Law, Jean C.
Street Address (P.O. Box Number is Not Acceptable)
9120 Herlong Road
Bldg. 5, 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 4/24/01
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

TITLE	DP	<input type="checkbox"/> Delete
NAME	LAW, JEAN C.	
STREET ADDRESS	8977 HERLONG RD 8A	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	LAW, MALCOLM B.	
STREET ADDRESS	8977 HERLONG RD STE 8A	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: 4/24/01 (904) 378-8989
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)