

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 17, 2002 8:00 am
Secretary of State

05-17-2002 90037 042 ***150.00

DOCUMENT # P94000036545

1. Entity Name

JBSOI, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9300 Normandy Blvd.

Suite, Apt. #, etc.

Bldg. 5-8

City & State

Jacksonville, Florida

Zip

32221

Country

USA

3. Mailing Address

9300 Normandy Blvd.

Suite, Apt. #, etc.

Bldg. 5-8

City & State

Jacksonville, Florida

Zip

32221

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

7. Name and Address of Current Registered Agent

Name

LAW, JEAN C.

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

9300 Normandy Blvd.

Bldg. 5-8

City

Jacksonville

FL

Zip Code

32221

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 use if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/29/2002

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

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10. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE D, P
NAME Jean C. LAW
STREET ADDRESS 9300 Normandy Blvd. Bldg. 5-8
CITY-ST-ZIP Jax, FL 32221

TITLE D, VP
NAME Malcolm B. LAW
STREET ADDRESS 9300 Normandy Blvd. Bldg. 5-8
CITY-ST-ZIP Jax, FL 32221

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02 (904) 378-8989

Date

Daytime Phone #

CR2E034B (12/01)