

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 28, 2001 8:00 am**
Secretary of State

02-28-2001 90075 041 ***150.00

DOCUMENT # P94000051136

1. Entity Name

J.D. GARNER & ASSOCIATES, INC.

Principal Place of Business

Mailing Address

12646 INDIAN ROCKS RD.
LARGO FL 33774
US~~P.O. BOX 15668~~ **ONE BEACH DRIVE**
~~ST. PETERSBURG FL 33733-0008~~ **#1905**
US **33701**

2. Principal Place of Business

ONE BEACH DR S.E.

3. Mailing Address

ONE BEACH DR S.E.

Suite, Apt. #, etc.

1905

Suite, Apt. #, etc.

1905

City & State

ST PETERSBURG FL

City & State

ST PETERSBURG FL

Zip

33701

Country

USA

Zip

33701

Country

USA

4. FEI Number

59-3256627

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

JACOBS, RICHARD O
13577 FEATHER SOUND DR.
SUITE 300
CLEARWATER FL 34622

Name

JEFF GARNER

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

ONE BEACH DR SE #1905

City

ST PETERSBURG

FL

Zip Code

33701

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

J.D. Garner

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	PD	<input type="checkbox"/> Delete
NAME	GARNER, JEFF D	ONE BEACH DR. #1905
STREET ADDRESS	8050 SEMINOLE MALL, STE 340	
CITY-ST-ZIP	SEMINOLE FL ST. PETERSBURG, FL	33701

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARNER, JEFF	
STREET ADDRESS	ONE BEACH DR SE #1905	
CITY-ST-ZIP	ST PETERSBURG, FL	33701

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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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 #

2/28/2001 727 821 5092

CR2E034 (10/00)