

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 07, 2001 8:00 am**  
**Secretary of State**

03-19-2001 90050 029 \*\*\*150.00

DOCUMENT #

1. Entity Name

P95 0000 50976 ✓

J.R. AND JOE'S INC

Principal Place of Business

Mailing Address

112 A E 3rd St  
P.O. FL 32401

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0586948

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Tom Herndon  
1114 Loftin St  
P.O. FL 32404

Name

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

City

FL

Zip Code

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 reconstituting)

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  
NAME PRES  
STREET ADDRESS Tom Herndon  
CITY-STATE-ZIP 1114 Loftin St  
P.O. FL 32404 ☐ Delete

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME V.P.  
STREET ADDRESS RENA Herndon  
CITY-STATE-ZIP 1114 Loftin St  
P.O. FL 32404 ☐ Delete

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME ☐ Delete  
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CITY-STATE-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
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CITY-STATE-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-STATE-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: RENA R. HERNDON RENA R Herndon Y.P. 3-12-01 850-763-6442

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)