

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

FILED
May 21, 2003 8:00 am
Secretary of State

05-21-2003 90191 029 ***150.00

DOCUMENT # P96000000943

1. Entity Name

JRD DEVELOPMENT of BREVARD INC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4235 MARSH LANDING BLVD

Suite, Apt. #, etc.

312

3. Mailing Address

4235 MARSH LANDING BLVD

Suite, Apt. #, etc.

312

DO NOT WRITE IN THIS SPACE

City & State

JACKSONVILLE BEACH FL

City & State

JACKSONVILLE BEACH FL

4. FEI Number

59-345558

Applied For

Not Applicable

Zip

32250

Country

FLORIDA

Zip

32250

Country

FLORIDA

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

JOSEPH YOSSIFON

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

4235 MARSH LANDING BLVD

312

City

JACKSONVILLE

FL

Zip Code

32250

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

5/20/03

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
JOSEPH YOSSIFON
4235 MARSH LANDING BLVD # 312
JACKSONVILLE BEACH FL. 32250

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
RONALD YOSSIFON
4235 MARSH LANDING BLVD # 312
JACKSONVILLE BEACH FL. 32250

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
DELEIL YOSSIFON
4235 MARSH LANDING BLVD # 312
JACKSONVILLE BEACH FL. 32250

TITLE
NAME
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CITY-ST-ZIP

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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSEPH YOSSIFON

5/20/03

Date

321-536-8900

Daytime Phone #

CR2E034B (12/02)