

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2001 8:00 am**  
**Secretary of State**

04-28-2001 90087 030 \*\*\*150.00

0031385

**DOCUMENT # P96000005517**

1. Entity Name

**J & J DEVELOPMENT OF N.W. FLORIDA, INC.**

Principal Place of Business

**1414 EAST DESOTO STREET  
 PENSACOLA FL 32501**

Mailing Address

**1414 EAST DESOTO STREET  
 PENSACOLA FL 32501**

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

**59-3404041**

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

**KYLES, JOE J  
 1414 EAST DESOTO STREET  
 PENSACOLA FL 32501**

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 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 | NAME             | STREET ADDRESS          | CITY-ST-ZIP        | <input type="checkbox"/> Delete |
|-------|------------------|-------------------------|--------------------|---------------------------------|
| D     | KYLES, JOE J     | 1414 EAST DESOTO STREET | PENSACOLA FL 32501 | <input type="checkbox"/>        |
| D     | BOZEMAN, JAMES C | 101 S. ALCANIZ STREET   | PENSACOLA FL 32501 | <input type="checkbox"/>        |
|       |                  |                         |                    | <input type="checkbox"/>        |
|       |                  |                         |                    | <input type="checkbox"/>        |
|       |                  |                         |                    | <input type="checkbox"/>        |
|       |                  |                         |                    | <input type="checkbox"/>        |

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

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: JAMES C. BOZEMAN, DIRECTOR  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 23-2001  
 850-432-3510  
 Date

850-432-3510  
 Daytime Phone #

CR2E034 (10/00)