

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90127 032 ***150.00

DOCUMENT # P96000008895

1. Entity Name

J & D ENTERTAINMENT, INC.

Principal Place of Business

**1625 E. 7 AVE.
TAMPA FL 33605
US**

Mailing Address

**C/O DAVID TAYLOR
1409 ALHAMBRA DRIVE
APOLLO BEACH FL 33572
US**

2. Principal Place of Business

1625 E. 7 AVE

Suite, Apt. #, etc.

3. Mailing Address

906 Allegro lane

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Tampa FL

Zip
33605

Country
US

City & State
Apollo Beach FL

Zip
33572

Country
US

4. FEI Number **59-3364835**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**TAYLOR, DAVID S
1625 E 7TH AVENUE
TAMPA FL 33605**

7. Name and Address of New Registered Agent

Name **Paul A. Diaz**
Street Address (P.O. Box Number is Not Acceptable)
906 Allegro lane
Apollo Beach FL
City **FL** Zip Code **33572**

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 **Paul A. Diaz President** **David Taylor** **2-3-02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering) 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, 2002 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

TITLE **PT** ☐ Delete
NAME **TAYLOR, DAVID**
STREET ADDRESS **1409 ALHAMBRA DR.**
CITY-ST-ZIP **APOLLO BEACH FL 33572-2921**

TITLE **VPS** ☐ Delete
NAME **DIAZ, PAUL**
STREET ADDRESS **906 ALLEGRO LANE**
CITY-ST-ZIP **APOLLO BEACH FL 33572-2729**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ Addition
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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: **Paul A. Diaz President** **2-3-02** **813-641-2212**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)