

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000019022

1. Entity Name

J.E.D., INC.

Principal Place of Business

9660 SEMINOLE BLVD
SEMINOLE FL 34642

Mailing Address

9660 SEMINOLE BLVD
SEMINOLE FL 34642

2. Principal Place of Business

11198 70th Ave N

Suite, Apt. #, etc.

3. Mailing Address

11198 70th Ave N

Suite, Apt. #, etc.

City & State

Seminole Fl 33772-6310

City & State

Seminole Fl 33772-6310

Zip

Country

33772-6310

Pinellas

Zip

Country

33772-6310

Pinellas

6. Name and Address of Current Registered Agent

FINNEGAN, DONALD
1962 LORRAINE RD
LARGO FL 34644

7. Name and Address of New Registered Agent

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

TITLE	D	<input type="checkbox"/> Delete
NAME	FINNEGAN, EVELYN	
STREET ADDRESS	22365 CROOM RD	
CITY-ST-ZIP	BROOKSVILLE FL 34601	
TITLE	D	<input type="checkbox"/> Delete
NAME	FINNEGAN, JACK	
STREET ADDRESS	22365 CROOM RD	
CITY-ST-ZIP	BROOKSVILLE FL 34601	
TITLE	D	<input type="checkbox"/> Delete
NAME	FINNEGAN, DONALD	
STREET ADDRESS	1962 LORRAINE RD	
CITY-ST-ZIP	LARGO FL 34644	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

Donald Finnegan, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-2001
Date

727-319-0909
Daytime Phone #

FILED
May 01, 2001 8:00 am
Secretary of State

05-01-2001 90068 032 ***150.00

00044576



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)