## **2001 UNIFORM BUSINÉSS REPORT (UBR)**

SIGNATURE:

## FILED Mar 13, 2001 8:00 am Secretary of State DOCUMENT # P96000021710 1. Entity Name J D OF SOUTH FLORIDA ENTERPRISE, INC. 03-13-2001 90322 030 \*\*\*150.00 Principal Place of Business Mailing Address 1424 NE 22ND AVE 1424 NE 22ND AVE CAPE CORAL FL 33909 CAPE CORAL FL 33909 00024971 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0645956 Not Applicable Zio Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DURHAM, JOSEPH SR Street Address (P.O. Box Number is Not Acceptable) 1424 NE 22ND AVE CAPE CORAL FL 33909 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition DURHAM, JOSEPH SR NAME NAME STREET ADDRESS 1424 NE 22ND AVE STREET ADDRESS CITY-ST-ZIP CAPE CORAL FL 33909 CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition DURHAM, RUTH A NAME NAME STREET ADDRESS 1424 NE 22ND AVE STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP CAPE CORAL FL 33909 TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Delete TITLE Change Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME ... STREET ADDRESS 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 kee empowered.