

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000032474

1. Entity Name

F.J.G. ENTERPRISES, INC.

Principal Place of Business

104 NATURES WAY  
PONTE VEDRA FL 32257

Mailing Address

104 NATURES WAY  
PONTE VEDRA FL 32082-4615

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WATSON, TODD  
7785 BAYMEADOWS WAY STE 107  
JACKSONVILLE FL 32256

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 Joan Giordano

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

Joan Giordano

(NOTE: Registered Agent signature required when reinstating)

3/10/00

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, 2000 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	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	D	GIORDANO, JOAN	3005 BEAUCLERC OAKS DRIVE SOUTH JACKSONVILLE FL 32257	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	D	GIORDANO, FRED	3005 BEAUCLERC OAKS DRIVE SOUTH JACKSONVILLE FL 32257	<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"/>					<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:

Joan Giordano 3/10/00 (904) 273-8948

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

**FILED**  
**Mar 15, 2000 8:00 am**  
**Secretary of State**

03-15-2000 90134 022 \*\*\*150.00

A6028879



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3375916**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

CR2E034 (9/99)