

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 12, 2001 8:00 am
Secretary of State

07-12-2001 90118 018 ***550.00

DOCUMENT # P96000059634

1. Entity Name
JFL OF JACKSONVILLE, INC.

Principal Place of Business Mailing Address
11700-4 SAN JOSE BOULEVARD 11700-4 SAN JOSE BOULEVARD
JACKSONVILLE FL 32223 JACKSONVILLE FL 32223

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 **59-3389932** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JOHNSON, KEITH H. ESQ.
JOHNSON & JOHNSON, P.A.
8810 GOODBY'S EXECUTIVE DRIVE, SUITE A
JACKSONVILLE FL 32217

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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$550.00
After September 12, 2001 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00** May Be
 Trust Fund Contribution. Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PS** ☒ Delete
 NAME **OLIVER, SARAH**
 STREET ADDRESS **11416 SQUIREWAY LANE**
 CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **PS** ☒ Change ☐ Addition
 NAME **OLIVER, SARAH**
 STREET ADDRESS **4860 VICTORIA CHASE CT.**
 CITY-ST-ZIP **JACKSONVILLE, FL. 32257**

TITLE **PS** ☒ Delete
 NAME **OLIVER, SARAH**
 STREET ADDRESS **3426 FAIRBANKS GRANT ROAD NORTH**
 CITY-ST-ZIP **JACKSONVILLE FL 32223**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 another line empowered.

SIGNATURE: **SARAH E. OLIVER**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-11-01 **904-268-0042**
 Date Daytime Phone #

CR2E034 (5/01)