

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000068543

1. Entity Name
JDB SYSTEMS INC.

FILED
Sep 01, 2000 8:00 am
Secretary of State

09-01-2000 90062 024 ***550.00

Principal Place of Business

1405 SW 13TH STREET
GAINESVILLE FL 32601

Mailing Address

PO BOX 339
MUNROE FALLS OH 44262-0339
US

2. Principal Place of Business

3. Mailing Address

P.O. Box 2198

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
N. CANTON OH

Zip

Country

Zip

Country

44720

USA

4. FEI Number 34-1841012

Applied For
Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

DIEUGENIO, JAMES
1405 SW 13TH STREET
GAINESVILLE FL 32601

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 ☐ Delete
NAME DIEUGENIO, JAMES
STREET ADDRESS ~~801 10TH ST NE~~
CITY-ST-ZIP NORTH CANTON OH 44720

TITLE D ☐ Delete
NAME COCUZZI, NORMA
STREET ADDRESS 111 E 11TH ST APT. 196
CITY-ST-ZIP ERIE PA 16501

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 332 CASTLETON RD NE
CITY-ST-ZIP N. CANTON, OH 44720

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

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

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TITLE ☐ Change ☐ 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/28/00 3304923364
Date Daytime Phone #

CR2E034 (5/00)