

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000087289

1. Entity Name

J. MICHAEL ENTERPRISE, INC.

Principal Place of Business

1512 LINKSIDE DRIVE
ORANGE PARK FL

Mailing Address

1512 LINKSIDE DRIVE
ORANGE PARK FL 32073-7767

2. Principal Place of Business

2840 C.R. 220

Suite, Apt. #, etc.

3. Mailing Address

2840 C.R. 220

Suite, Apt. #, etc.

City & State

MIDDLEBURG FL

City & State

MIDDLEBURG FL

Zip

32068

Country

USA

Zip

32068

Country

USA

4. FEI Number

59-3415384

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LODGE, JAMES M
1512 LINKSIDE DRIVE
ORANGE PARK FL

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

2840 C.R. 220

City

MIDDLEBURG

FL

Zip Code

32068

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, 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

TITLE	DPVS	<input type="checkbox"/> Delete
NAME	LODGE, JAMES M	
STREET ADDRESS	1512 LINKSIDE DRIVE	
CITY-ST-ZIP	ORANGE PARK FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	LODGE, JAMES M	
STREET ADDRESS	1512 LINKSIDE DRIVE	
CITY-ST-ZIP	ORANGE PARK FL	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	2840 C.R. 220
CITY-ST-ZIP	MIDDLEBURG FL
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	2840 C.R. 220
CITY-ST-ZIP	MIDDLEBURG, FL
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J. M. LODGE

3-6-00

Date

904-276-0636

Daytime Phone #

CR2E034 (9/99)



DO NOT WRITE IN THIS SPACE