

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Oct 02, 2002 8:00 am**  
**Secretary of State**

10-02-2002 90119 019 \*\*\*150.00

**DOCUMENT # P97000028352**

1. Entity Name  
**JOD ENTERPRISES INC.**

Principal Place of Business Mailing Address  
 116 19TH AVENUE NORTH 116 19TH AVENUE NORTH  
 LAKE WORTH FL 33460 LAKE WORTH FL 33460

2. Principal Place of Business 3. Mailing Address  
**116 Wellesley Drive P.O. Box 428**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
**Lake Worth FL Lake Worth FL**  
 Zip Country Zip Country  
**33460 USA 33460 USA**

4. FEI Number **65-0741355** 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**

**DONNELL, JACK O**  
**116 19TH AVENUE NORTH**  
**LAKE WORTH FL 33460**

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (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, 2002 Fee 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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PD</b><br><b>DONNELL, JACK O</b><br><b>116 19TH AVENUE NORTH Wellesley Drive</b><br><b>LAKE WORTH FL 33460</b>    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>S</b><br><b>DONNELL, KIMBERLY B</b><br><b>116 19TH AVENUE NORTH Wellesley Drive</b><br><b>LAKE WORTH FL 33460</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 **Kimberly B. Donnell** **KIMBERLY B. DONNELL** **9/30/02** **561-385 8578**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/02)

Attachments

September 30, 2002

Florida Department of State  
Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

RE: JOD Enterprises, Inc. - Document #P97000028352

678733

To Whom It May Concern:

Enclosed please find the 2002 Uniform Business Report for our above referenced Corporation.

We did not receive our notice of our annual renewal due to a change of street name in our address. Our street name was changed from 19<sup>th</sup> Avenue North to Wellesley Drive in the fall of last year. While our local post office assured us that this would not interrupt our mailing, we found during the past year that many mailings that were sent to us did not reach us and we have tried to notify everyone of the change of address. When I went to our local post office this past Saturday morning to inquire about mail still not being delivered correctly they handed me several items that were in the address correction bin. One of these items was the notification of the renewal of our corporation.

I contacted your office immediately on Monday, September 30<sup>th</sup> and I was instructed to write a letter to explain our circumstance for the renewal delay and enclose a check for the \$150 annual renewal fee. Therefore, along with this letter I am enclosing a check in the amount of \$150 which represents the 2002 annual renewal fee.

Please, if you should have any further questions regarding this matter, contact me at 561-671-4380 or 561-585-5261.

Thank you in advance for your consideration to this matter.

Sincerely,

  
Kimberley Donnell