

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000096283

1. Entity Name
JOFOST CO.

FILED
Mar 27, 2001 8:00 am
Secretary of State

03-27-2001 90060 046 ***150.00

001949

Principal Place of Business

Mailing Address

~~4545 ORTEGA BLVD.~~
JACKSONVILLE FL 32210

~~4545 ORTEGA BLVD.~~
JACKSONVILLE FL 32210

D0029205



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

4733 Secret Harbor Dr.

4733 Secret Harbor Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3479214

Applied For
Not Applicable

Zip

Country

Zip

Country

32257-8656

32257-8656

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

~~ROGERS, JOHN H~~
~~4545 ORTEGA BLVD~~
~~JACKSONVILLE FL 32210~~

Name Jonathan Y. Rogers

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

4733 Secret Harbor Drive

City Jacksonville

FL

Zip Code 32257-8656

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 (if applicable)

Jonathan Y. Rogers, President 3/5/01

(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, 2001 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 DV
STREET ADDRESS ROGERS, JOHN H
CITY-ST-ZIP 4545 ORTEGA BLVD.
JACKSONVILLE FL 32210 ☐ Delete

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

TITLE
NAME DPTS
STREET ADDRESS ROGERS, JOHNATHAN Y
CITY-ST-ZIP 4733 SECRET HARBOR DRIVE, N
JACKSONVILLE FL 32257-8656 ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME ☐ Change ☐ Addition
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

Jonathan Y. Rogers, 3/5/01 904-348-3334
President

Date

Daytime Phone #

CR2E034 (10/00)