

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000097463

1. Entity Name

"JJD, INC."

FILED
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90079 032 ***150.00

Principal Place of Business

Mailing Address

1300 RIVERPLACE BOULEVARD
SUITE 620
JACKSONVILLE FL 32207

1300 RIVERPLACE BOULEVARD
SUITE 620
JACKSONVILLE FL 32207-9081

2. Principal Place of Business

6215 Wilson Blvd

3. Mailing Address

P.O. Box 441149

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville, Fl.

City & State

Jacksonville, Fl.

4. FEI Number

59-3488615

Applied For

Not Applicable

Zip

32210

Country

USA

Zip

32222-0012

Country

USA

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

BRANNEN, WILLIAM M
1300 RIVERPLACE BOULEVARD
SUITE 620
JACKSONVILLE FL 32207

Name

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

6215 Wilson Blvd

City Jacksonville

FL

Zip Code
32210

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VPAS
NAME JAMES, H R SR
STREET ADDRESS 1300 RIVERPLACE BOULEVARD
CITY-ST-ZIP JACKSONVILLE FL 32207 ☐ Delete

TITLE DPAS
NAME JAMES, H R SR
STREET ADDRESS 6215 Wilson Blvd
CITY-ST-ZIP Jacksonville, Fla. 32210 ☒ Change ☐ Addition

TITLE VPAS
NAME JAMES, K M
STREET ADDRESS 1300 RIVERPLACE BOULEVARD
CITY-ST-ZIP JACKSONVILLE FL 32207 ☐ Delete

TITLE DVPAS
NAME JAMES, K M
STREET ADDRESS 6215 Wilson Blvd
CITY-ST-ZIP Jacksonville, Fla. 32210 ☒ Change ☐ Addition

TITLE VPAS
NAME DEMAY, B J
STREET ADDRESS 1300 RIVERPLACE BOULEVARD
CITY-ST-ZIP JACKSONVILLE FL 32207 ☐ Delete

TITLE DVPAS
NAME DEMAY, B J
STREET ADDRESS 6215 Wilson Blvd
CITY-ST-ZIP Jacksonville, Fla. 32210 ☒ Change ☐ Addition

TITLE DVP
NAME BRANNEN, W.M.
STREET ADDRESS 1300 RIVERPLACE BLVD-#610
CITY-ST-ZIP JACKSONVILLE FL 32207 ☐ Delete

TITLE DVPAS
NAME BRANNEN, W.M.
STREET ADDRESS 6215 Wilson Blvd
CITY-ST-ZIP Jacksonville, Fla. 32210 ☒ Change ☐ Addition

TITLE DVP
NAME JAMES, CHARLES B
STREET ADDRESS 1300 RIVERPLACE BLVD-#610
CITY-ST-ZIP JACKSONVILLE FL 32207 ☐ Delete

TITLE DVPAS
NAME JAMES, CHARLES B
STREET ADDRESS 6215 Wilson Blvd
CITY-ST-ZIP Jacksonville, Fla. 32210 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)