

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000008370

1. Entity Name

JDFINN, INC.

**FILED**  
**Mar 01, 2000 8:00 am**  
**Secretary of State**

03-01-2000 90080 012 \*\*\*150.00

Principal Place of Business

Mailing Address

9261 SOUTHAMPTON PLACE  
BOCA RATON FL 33434

9261 SOUTHAMPTON PLACE  
BOCA RATON FL 33434-2803

2. Principal Place of Business

3. Mailing Address

4630 N. University DR  
Suite, Apt. #, etc.  
#205

4630 N. University DR  
Suite, Apt. #, etc.  
#205

City & State  
CORAL SPRINGS, FL

City & State  
CORAL SPRINGS, FL

Zip  
33067

Zip  
33067

Country  
BROWARD

Country  
BROWARD



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WALBROEHL, JOSEPH E  
9261 SOUTHAMPTON PLACE  
BOCA RATON FL 33434

Name  
JOSEPH E. WALBROEHL

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

4630 N. University DR #205  
City CORAL SPRINGS FL Zip Code 33067

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 *Joseph E. Walbroehl* JOSEPH E. WALBROEHL 2/22/00  
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

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 D ☐ Delete  
NAME WALBROEHL, JOSEPH E  
STREET ADDRESS 9261 SOUTHAMPTON PLACE  
CITY-ST-ZIP BOCA RATON FL 33434

TITLE DIRECTOR ☒ Change ☐ Addition  
NAME JOSEPH E. WALBROEHL  
STREET ADDRESS 4630 N. University DR #205  
CITY-ST-ZIP CORAL SPRINGS, FL 33067

TITLE D ☒ Delete  
NAME WALBROEHL, KERRI JO E  
STREET ADDRESS 9261 SOUTHAMPTON PLACE  
CITY-ST-ZIP BOCA RATON FL 33434

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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)(l), 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: *Joseph E. Walbroehl* JOSEPH E. WALBROEHL 2/22/00 350-6991  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)