

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000026038

1. Entity Name

J.D. EISSAM, INC.

Principal Place of Business

7154 N. UNIVERSITY DR., PMB 150  
TAMARAC FL 33321

Mailing Address

7154 N. UNIVERSITY DR., PMB 150  
TAMARAC FL 33321-2916

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

BURKE, ANNA MAE WALSH ESQ  
2601 E OAKLAND PARK BLVD  
SUITE 500, ADAMS BLDG.  
FORT LAUDERDALE FL 33306

7. Name and Address of New Registered Agent

Name Jeff Massie

Street Address (P.O. Box Number is Not Acceptable)  
5790 Woodland Pt. Dr

City Fort Lauderdale

FL

Zip Code 33319

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.

Jeff Massie

(NOTE: Registered Agent signature required when reinstating)

DATE

04/27/00

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	<u>D</u>	<input type="checkbox"/> Delete
NAME	<u>MASSIE, JEFFREY</u>	
STREET ADDRESS	<u>5790 WOODLAND POINT DRIVE</u>	
CITY-ST-ZIP	<u>FORT LAUDERDALE FL 33319</u>	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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. Massie

Date

04/27/00

Daytime Phone #

9547243434

**FILED**  
**May 15, 2000 8:00 am**  
**Secretary of State**

05-15-2000 90224 025 \*\*\*150.00

953799



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0825691

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

CR2E034 (9/99)