

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000033963

1. Entity Name
G.J.D. INC.

Principal Place of Business
6629 ST. JAMES CROSSING
UNIVERSITY PARK FL 34201

Mailing Address
6629 ST. JAMES CROSSING
UNIVERSITY PARK FL 34201

FILED
Jul 20, 2000 8:00 am
Secretary of State

07-20-2000 90019 012 ***150.00

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0829307

Applied For
Not Applicable

Zip

Country

Zip

Country

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

DIFRANCESCO, JOHN J
6629 ST. JAMES CROSSING
UNIVERSITY PARK FL 34201

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.

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 \$550.00
After SEPTEMBER 13, 2000 Min. 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME DIFRANCESCO, JOHN J
STREET ADDRESS 6629 ST. JAMES CROSSING
CITY-ST-ZIP UNIVERSITY PARK FL 34201 ☐ Delete

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

TITLE VTS
NAME DIFRANCESCO, GLORIA M
STREET ADDRESS 6629 ST. JAMES CROSSING
CITY-ST-ZIP UNIVERSITY PARK FL 34201 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)

ATTACHMENT
P98000033963
DW 72869

July 10, 2000

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

I received your 2nd notice on Saturday July 8, 2000 and realized that I never received the first notice. I called your office today and was informed that the original notice was mailed to my Florida address in early January. I was in Connecticut on a consulting job until February 24, 2000. The first batch of mail that was forwarded to me from Florida was lost by the mail service and I strongly suspect the original notice from your Division was in that batch.

I was advised by the person I spoke to in your division to remit \$150.00 with an explanation of why the fee was not submitted on time.

Your consideration in this matter will be appreciated.



John J. DiFrancesco
74 Tunxis Village
Farmington, CT 06032

Temporary address for the summer

860-677-2603