

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000054567

1. Entity Name

J.C.D. & ASSOCIATES, INC.

**FILED**  
**Apr 17, 2000 8:00 am**  
**Secretary of State**

04-17-2000 90130 015 \*\*\*150.00

Principal Place of Business

Mailing Address

1422 NW 97TH AVE

CORAL SPRINGS FL 33071

1422 NW 97TH AVE

CORAL SPRINGS FL 33071-5953

00000000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

10211 W. SAMPLE RD.

10211 W. SAMPLE RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 109

SUITE 109

City, State

City, State

CORAL SPRINGS, FL.

CORAL SPRINGS, FL.

Zip

Zip

Country

Country

33065

USA

33065

USA

4. FEI Number

65-0844109

Applied For

Not Applicable

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

DELAGÉ, JOHN C  
1422 NW 97TH AVE  
CORAL SPRINGS FL 33071

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 \$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 ☐ Delete  
NAME P  
STREET ADDRESS DELAGÉ, JOHN C  
CITY-ST-ZIP 1422 NW 97TH AVE  
CORAL SPRINGS, FL 33071

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  
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CITY-ST-ZIP

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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)(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 other like empowered.

SIGNATURE:

*JOHN C. DELAGÉ*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/00  
Date

954-757-9498  
Daytime Phone #

CR2E034 (9/99)