

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name

JAX MANAGEMENT & DEVELOPMENT CO.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUN 21 AM 8:12

Principal Place of Business

%Douglas D. Chunn

225 Water Street #1250

Jacksonville, FL 32202

Mailing Address

%Douglas D. Chunn

225 Water Street #1250

Jacksonville, FL 32202

2. Principal Place of Business

3. Mailing Address

Jax Management & Dev. Co.

Suite, Apt. #, etc.

Suite, Apt. #, etc. %Doug Chunn

City & State

City & State

Jacksonville, FL

4. FEI Number

59-3526353

Applied For

Not Applicable

Zip

Country

Zip

32236-7649

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Chunn, Douglas D.

225 Water Street # 1250

Jacksonville, FL 32202

7. Name and Address of New Registered Agent

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

TITLE DPST
NAME Johnson, Jr., Julian E.
STREET ADDRESS 5764 Lenox Ave.
CITY-ST-ZIP Jacksonville, FL 32205

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STREET ADDRESS
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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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

Julian E. Johnson Jr. President

5/9/00 904 781 8892

Date

Daytime Phone #

CR2E034 (9/99)