

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000082093

1. Entity Name

THE JDI COMPANY, INC.

FILED
Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90022 040 ***185.00

Principal Place of Business

Mailing Address

518 SAMUEL HUNTINGTON STREET
ORANGE PARK FL 32073
US

518 SAMUEL HUNTINGTON STREET
ORANGE PARK FL 32073-8563
US

2. Principal Place of Business

1855 WELLS Rd.

3. Mailing Address

1855 WELLS Rd.

Suite, Apt. #, etc.

SUITE 8

Suite, Apt. #, etc.

SUITE 8

City & State

ORANGE PARK

City & State

ORANGE PARK

4. FEI Number

59-3541006

Applied For

Not Applicable

Zip

32073-6766

Country

CLAY

Zip

32073-6766

Country

CLAY

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

J. KEITH M. SANDS, ESQUIRE
1551 ATLANTIC BOULEVARD
SUITE 200
JACKSONVILLE FL 32207

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 DP ☐ Delete
NAME MARCHAND, MARC
STREET ADDRESS 518 SAMUEL HUNTINGTON STREET
CITY-ST-ZIP ORANGE PARK FL 32073

TITLE DP/T ☒ Change ☐ Addition
NAME MARCHAND, MARC
STREET ADDRESS 518 SAMUEL HUNTINGTON STREET
CITY-ST-ZIP ORANGE PARK, FLA 32073-8563

TITLE DVPS ☐ Delete
NAME VILLALVA, TIMOTHY
STREET ADDRESS 305 KETTERING WAY
CITY-ST-ZIP ORANGE PARK FL 32073

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

TITLE DT ☒ Delete
NAME KENNON, DALE
STREET ADDRESS 1311 DONALD STREET
CITY-ST-ZIP JACKSONVILLE FL 32205

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
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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-8-00 904-215-2898

CR2E034 (9/99)