

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90118 037 ***150.00

DOCUMENT # P98000082093

1. Entity Name
THE JDI COMPANY, INC.

| | |
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| Principal Place of Business 1855 WELLS RD STE 8 ORANGE PARK FL 32073-6766 US | Mailing Address 1855 WELLS RD STE 8 ORANGE PARK FL 32073-6766 US |
|--|--|



DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| 2. Principal Place of Business 1726 KINGSLEY AVE Suite, Apt. #, etc. 11 | 3. Mailing Address 1726 KINGSLEY AVE Suite, Apt. #, etc. 11 |
|---|---|

| | | | | |
|---|---|------------------------------------|---|---|
| City & State ORANGE PARK, FLORIDA | City & State ORANGE PARK, FLORIDA | 4. FEI Number 59-3541006 | Applied For <input type="checkbox"/> | Not Applicable <input type="checkbox"/> |
| Zip 32073-4467 | Country USA | Zip 32073-4467 | Country USA | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent
J. KEITH M. SANDS, ESQUIRE
1551 ATLANTIC BOULEVARD
SUITE 200
JACKSONVILLE FL 32207

7. Name and Address of New Registered Agent
 Name: **J. KEITH M. SANDS, ESQUIRE**
 Street Address (P.O. Box Number is Not Acceptable):
1325 HENDRICKS AVE.
SUITE 200
 City: **JACKSONVILLE** FL Zip Code: **32207**

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 _____ (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. **FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP | DPT MARCHAND, MARC 518 SAMUEL HUNTINGTON STREET ORANGE PARK FL 32073-8563 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVPS VILLALVA, TIMOTHY 305 KETTERING WAY ORANGE PARK FL 32073 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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: *Marc C. Marchand* **1-22-01** **(904) 215-2898**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)