

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.

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

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

Zip

32073-4467

Country

USA

Zip

32073-4467

Country

USA

4. FEI Number

59-3541006

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$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

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, 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

TITLE	DPT	<input type="checkbox"/> Delete
NAME	MARCHAND, MARC	
STREET ADDRESS	518 SAMUEL HUNTINGTON STREET	
CITY-ST-ZIP	ORANGE PARK FL 32073-8563	
TITLE	DVPS	<input type="checkbox"/> Delete
NAME	VILLALVA, TIMOTHY	
STREET ADDRESS	305 KETTERING WAY	
CITY-ST-ZIP	ORANGE PARK FL 32073	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: Marc C. Marchand
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-22-01 1(904)215-2898
Date Daytime Phone #

CR2E034 (10/00)