

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2001 8:00 am
Secretary of State

05-24-2001 90321 001 ***150.00

DOCUMENT # **PG9000029313**

1. Entity Name:

J.C.P.D. INC

Principal Place of Business

Mailing Address

GAINESVILLE, FLORIDA

**PO BOX 13884
 GAINESVILLE, FL 32604**

2. Principal Place of Business

4513 NW 21ST TERRACE

3. Mailing Address

4513 NW 21ST TERRACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

GAINESVILLE FL

City & State

GAINESVILLE FL

4. FEI Number

59-3570854

Applied For

Not Applicable

Zip

32605

Country

US

Zip

32605

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

553246

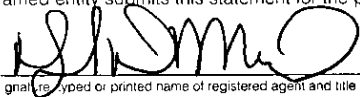
6. Name and Address of Current Registered Agent

**DOUGLAS DEMICHELE
 4513 NW 21ST TERRACE
 GAINESVILLE FL 32605**

7. Name and Address of New Registered Agent

**DOUGLAS DEMICHELE
 4513 NW 21ST TERRACE
 GAINESVILLE FL 32605**

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 

4/16/01

(Signature, typed or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when reinstating)

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 ☐ **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PRESIDENT	<input type="checkbox"/> Delete
NAME	DOUGLAS DEMICHELE	
STREET ADDRESS	4513 NW 21ST TERRACE	
CITY-ST-ZIP	GAINESVILLE FL 32605	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Delete
NAME	PAMELA DEMICHELE	
STREET ADDRESS	4513 NW 21ST TERRACE	
CITY-ST-ZIP	GAINESVILLE FL 32605	
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
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
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 no 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:  **DOUGLAS DEMICHELE** **4/16/01 (352)392-0581.236**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)

Attachment

4/11/01 CORPORATE DETAIL RECORD SCREEN 1:03 PM
NUM: P99000029313 ST:FL ACTIVE/FL PROFIT FLD: 03/26/1999
FEI#: 59-3570854
NAME : J.C.P.D., INC.
PRINCIPAL: 4513 NW 21ST TERR.
ADDRESS GAINESVILLE, FL 32605
MAILING : P.O. BOX 13884
ADDRESS GAINESVILLE, FL 32604
RA NAME : DEMICHELE, DOUGLAS
RA ADDR : 4513 NW 21ST TERR.
GAINESVILLE, FL 32605 US
ANN REP :
(2000) I 03/23/00

P99000029313
553246

4/11/01 OFFICER/DIRECTOR DETAIL SCREEN 1:04 PM
CORP NUMBER: P99000029313 CORP NAME: J.C.P.D., INC.
TITLE: P NAME: DEMICHELE, DOUGLAS JOHN
4513 N.W. 21 TERRACE
GAINESVILLE, FL 32605
TITLE: VP NAME: DEMICHELE, PAMELA LYNN
4513 N.W. 21 TERRACE
GAINESVILLE, FL 32605

+ NEXT, - PREV, 1. MENU, 2. FILING, 3. TOP
7. LIST, 8. NEXT BY LIST, 9. PREV BY LIST

ENTER SELECTION AND CR: