

2000 UNIFORM BUSINESS REPORT (UBR)

3

FILED

Apr 20, 2000 8:00 am
Secretary of State

03-22-2000 90012 033 ***150.00

DOCUMENT # P99000032107

1. Entity Name

JD'S GOLF CLUB REPAIR, INC.

Principal Place of Business

442 MOFFAT LOOP
OVIEDO FL 32765

Mailing Address

442 MOFFAT LOOP
OVIEDO FL 32765-6264

2. Principal Place of Business

1335 Bennett Dr.

Suite, Apt. #, etc.

Suite 125

City & State

Longwood, Fla.

Zip

32760

USA

3. Mailing Address

1335 Bennett Dr.

Suite, Apt. #, etc.

Suite 125

City & State

Longwood, Fla.

Zip

32750

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3568411
~~69-00-67304-22-9~~

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ABRAMS, LEHN E
801 N. MAGNOLIA AVENUE
SUITE 201
ORLANDO FL 32803

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 (ntangible
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	D	<input type="checkbox"/> Delete
NAME	THOMS, J D	
STREET ADDRESS	442 MOFFAT LOOP	
CITY-ST-ZIP	OVIEDO FL 32765	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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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
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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:

J. D. THOMS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/00

Date

407-834-4425

Daytime Phone #