

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000099369

1. Entity Name

DOUBLE "J" HOME CENTER, INC.

Principal Place of Business

1740 LESLIE COURT
FERNANDINA BEACH FL 32034

Mailing Address

1740 LESLIE COURT
FERNANDINA BEACH FL 32034

2. Principal Place of Business

186 US 17 S
Suite, Apt. #, etc.

3. Mailing Address

186 US 17 S
Suite, Apt. #, etc.

City & State

YULEE, FL

City & State

YULEE, FL

Zip

32097

Country

USA

Zip

32097

Country

USA

4. FEI Number

59-3618914

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JACOBS, ARTHUR I
401 CENTRE STREET, SECOND FLOOR
FERNANDINA FL 32034

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 removing)

10/15/00
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 \$850.00

AFTER SEPTEMBER 13, 2000 Min. will be \$750.00
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
NAME JOHNSON, JAMES L
STREET ADDRESS 1740 LESLIE COURT
CITY-ST-ZIP FERNANDINA BEACH FL 32034 ☐ Delete

TITLE D
NAME JOHNSON, JEANETTE B
STREET ADDRESS 1740 LESLIE COURT
CITY-ST-ZIP FERNANDINA BEACH FL 32034 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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

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:

JANE B. JOHNSON

8-31-00

(704) 225-5111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

00 OCT 25 PM 5:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 2000

CR2E034 (5/00)

0001494