## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

199000105149 **DOCUMENT #** 1. Entity Name

02 DEC -6 PM 12: 41

JD AUTO, INC.

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DO NOT	WRITE	IN THIS	SPACE
--------	-------	---------	-------

2. Principal Place of Business	3. Mailing Address
13850 PALM BEACH BLVD.	7800 W.OAKLAND PARK BLVD.
Suite, Apt. #, etc. UNIT 2	Suite, Apt. #, etc. BLDG "G"
City & State FORT MYERS, FL	City & State SUNRISE

DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0977008 Not Applicable Zip 33905 Country Zip 33351 Country USA \$8.75 Additional USA 5. Certificate of Status Desired Fee Required 7 Name and Address of Current Registered Agent

> DO NOT WRITE IN THIS SPACE

	r. Hame and Address of Guilett
Marno	
rvanne	REJEAN LAPIERRE
	NEJEAN LAPIERKE

Street Address (P.O. Box Number is Not Acceptable)

7800 W. OAKLAND PARK BLVD, BLDG "G"

City SUNRISE

YE: Registered Agent signature required when reinstating)

Zip Code **33351** 

8. The above named entity submits this statement for the pur of changing its registered office or registered agent, or both, in the State of Florida

SIGNATURE

(See criteria on back)

Signature, typod or prints 9. This corporation is eligible to sa isty its Intancible Tax filing requirement and elects to do so.

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00

Amended UBR is \$61,25 Make Check Payable to Department of State 12/02/02

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

CR2E034B (12/01

11. OFFICERS AND DIRECTORS TITLE TITLE JOHANNE LEDUC, P-V-T-S NAME 9890 BAYSHORE RD. STREET ADDRESS STREET ADDRESS NORTH FORTH MYERS, FL 33917 CITY-ST-2IP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP TITLE HILE IN THIS SPACE NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE

13. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I turther 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 on an attachment with an address, with all other like empowered.

NAME

NAME

STREET ADDRESS

City-St-7iP

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHANNE LEDUC

STREET ADDRESS

CITY-ST-ZIP

12/02/02

239-633-6883

Daytime Phone #

DIVISION OF CORPORATIONS P.O. BOX 1500 TALLAHASSEE, FL 32302-1500

TO WHOM IT MAY CONCERNS:

SUBJECT: JD AUTO, INC. (FEIN #65-0977008, DOC#P99000105149)

You will find attached copy of my previous correspondence to your department to have reinstated the above-mentioned corporation and to have all penalties waived. Since I did not have any reply from you and it is urgent that I have the corporation active as soon as possible, I called this morning your Reinstatement Phone Line.

I spoke to one of your agent called Michelle. She told me that my request have been rejected because the Registered agent mentioned on the form was not active. I contacted my accountant and he had not received your reply yet. He called your department and spoke to the same agent Michelle. She indicated to him to file another form with a valid agent name and that my request will be accepted and all penalties waived. You will find attached the new form with the new and valid registered agent name.

Thank you for your cooperation in this matter.

Johanne Leduc, president

JD Auto, Inc.

199-JDAuto20021202(UBR Covering Letter).doc

**ENCLOSURES**