

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000105366

1. Entity Name

JDB GROUP, INC.

FILED

Sep 01, 2000 8:00 am
Secretary of State

09-01-2000 90004 030 ***550.00

Principal Place of Business

4414 PLEASANT HILL DR
JACKSONVILLE FL 32225

Mailing Address

4414 PLEASANT HILL DR
JACKSONVILLE FL 32225

00002511



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9951 Atlantic Blvd.

3. Mailing Address

Suite, Apt. #, etc.

Suite 102

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

4. FEI Number

59-3624924

Applied For

Not Applicable

Zip

32225

Country

Duval

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BURKE, JACQUOLINE D
4414 PLEASANT HILL DR
JACKSONVILLE FL 32225

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 Intangible

Tax filing requirement and elects to do so.
(See criteria on back)

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FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

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\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BURKE, JACQUOLINE D 4414 PLEASANT HILL DR JACKSONVILLE FL 32225	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Jacqueline D. Burke
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/28/00 (904) 721-7900
Date Daytime Phone #

CR2E034 (5/00)