

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000107985

1. Entity Name

JDS MORTGAGE SERVICES, INC.

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90206 037 ***150.00

Principal Place of Business

Mailing Address

5147 TRAILING OAKS COURT
JACKSONVILLE FL 32258

5147 TRAILING OAKS COURT
JACKSONVILLE FL 32258

2. Principal Place of Business

3. Mailing Address

6034 Chester Ave, Ste 109
Suite, Apt. #, etc.

Same
Suite, Apt. #, etc.

City & State

City & State

City & State

City & State

Zip

Country

Zip

Country

32217

USA

4. FEI Number

59-3614174

Applied For

Not Applicable

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

SANTORO, THOMAS C ESQ
1700 WELLS ROAD, STE 5
ORANGE PARK FL 32073

Name

Same

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 Linda C. Didier, President N/A DATE

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)

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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.

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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 PD
NAME DIDIER, LINDA C
STREET ADDRESS 5147 TRAILING OAKS COURT
CITY-ST-ZIP JACKSONVILLE FL 32258

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE VD
NAME SORRELL, MARGARET L
STREET ADDRESS 1410 PINWOOD ROAD
CITY-ST-ZIP JACKSONVILLE BEACH FL 32250

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE STD
NAME JOHNSTON, CAROL N
STREET ADDRESS 8348 NEWTON ROAD
CITY-ST-ZIP JACKSONVILLE FL 32216

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
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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: Linda C. Didier, President 3/23/00 (904) 732-7595
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 19/99