

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000107985

1. Entity Name
JDS MORTGAGE SERVICES, INC.

Principal Place of Business

6034 CHESTER AVE
STE 109
JACKSONVILLE FL 32217

Mailing Address

6034 CHESTER AVE
STE 109
JACKSONVILLE FL 32217

2. Principal Place of Business

8663 Baypine Road, Bldg 4

3. Mailing Address

8663 Baypine Road, Bldg 4

Suite, Apt. #, etc.
Suite 102

Suite, Apt. #, etc.
Suite 102

City & State
Jacksonville, FL 32256

City & State
Jacksonville, FL 32256

4. FEI Number 59-3614174

Applied For
Not Applicable

Zip
32256

Country
Duval

Zip
32256

Country
Duval

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name Clifford B. Newton, Esq.

Street Address (P.O. Box Number is Not Acceptable)
10192 San Jose Blvd.

City Jacksonville

FL

32256

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

Margaret L. Sorrell
Signature, typed or printed name of registered agent and title if applicable.

U.P. MARGARET L. Sorrell
(NOTE: Registered Agent signature required when reinstating)

DATE

2/20/02

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 \$150.00
After May 1, 2002 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 PD
NAME DIDIER, LINDA C
STREET ADDRESS 6034 CHESTER AVE SUITE 109
CITY-ST-ZIP JACKSONVILLE FL 32217 ☐ Delete

TITLE VD
NAME SORRELL, MARGARET L
STREET ADDRESS 6034 CHESTER AVE SUITE 109
CITY-ST-ZIP JACKSONVILLE FL 32217 ☐ Delete

TITLE STD
NAME JOHNSON, CAROL N
STREET ADDRESS 6034 CHESTER AVE SUITE 109
CITY-ST-ZIP JACKSONVILLE FL 32217 ☐ 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 PD ☒ Change ☐ Addition
NAME DIDIER, Linda C.
STREET ADDRESS 8663 Baypine Road, Bldg 4, Ste 102
CITY-ST-ZIP Jacksonville, FL 32256 address

TITLE VD ☒ Change ☐ Addition
NAME SORRELL, Margaret L.
STREET ADDRESS 8663 Baypine Road, Bldg 4, Ste 102
CITY-ST-ZIP Jacksonville, FL 32256 address

TITLE STD ☒ Change ☐ Addition
NAME JOHNSON, Carol N.
STREET ADDRESS 8663 Baypine Road, Bldg 4, Ste 102
CITY-ST-ZIP Jacksonville, FL 32256 address

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

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

TITLE ☐ Change ☐ 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, without other like empowered.

SIGNATURE

Margaret L. Sorrell VP. MARGARET L. Sorrell 2/20/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

901-732-9595

FILED
Apr 10, 2002 8:00 am
Secretary of State

03-11-2002 90075 042 ***150.00

22814



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)