

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S13176

1. Entity Name

J BANDD, INC.

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90036 030 ***150.00

Principal Place of Business

Mailing Address

20 N ORANGE AVE.

20 N. ORANGE AVE

SUITE 309

SUITE 309

ORLANDO FL 32801

ORLANDO FL 34744-9220

2. Principal Place of Business

3. Mailing Address

3121 HARVEST LN

3121 HARVEST LN

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

KISSIMMEE, FL

Zip 34744

Country

City & State

KISSIMMEE, FL

Zip 34744

Country

4. FEI Number

65-0245273

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

HAUGHN, DOUGLAS P.

13307 LAKE MARY JANE ROAD

ORLANDO FL 32832

Name

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

3121 HARVEST LN

City

KISSIMMEE

FL

Zip Code

34744

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

4-30-00

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME HAUGHN, GERALD L
STREET ADDRESS 14904 WILD WOOD LILY CT
CITY-ST-ZIP ORLANDO FL 32824 ☒ Delete

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

TITLE CMTS
NAME HAUGHN, DOUGLAS P
STREET ADDRESS 13307 LAKE MARY JANE ROAD
CITY-ST-ZIP ORLANDO FL 32832 ☐ Delete

TITLE
NAME
STREET ADDRESS 3121 HARVEST LANE
CITY-ST-ZIP KISSIMMEE, FL 34744 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-30-00 4078918114

CR2E034 (9/99)