

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V54673

1. Entity Name

J & J ASSOCIATES OF NORTH FLORIDA, INC.

FILED
Feb 08, 2000 8:00 am
Secretary of State

02-08-2000 90047 048 ***150.00

Principal Place of Business

Mailing Address

14444 BEACH BLVD
18
JACKSONVILLE FL 32250
US

3943 CHICORA WOOD PLACE
JACKSONVILLE FL 32224-7694



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1526 University Blvd. W.

1526 University Blvd. W.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#113

#113

City & State

City & State

Jacksonville, FL

Jacksonville, FL

Zip

Country

Zip

Country

32217

Duval

32217

Duval

4. FEI Number

59-3140823

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

BUSCHMAN, ALBERT E.
2215 S. THIRD STREET
SUITE 101
JACKSONVILLE BEACH FL 32250

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

Jane Kenny, VP and Sec'y

Feb. 4, 2000

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	<input type="checkbox"/> Delete
NAME	KENNY, JOHN T.	
STREET ADDRESS	3943 CHICORA WOOD PLACE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	KENNY, JANE	
STREET ADDRESS	3943 CHICORA WOOD PLACE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kenny, John T.	
STREET ADDRESS	1526 University Blvd. W. #113	
CITY-ST-ZIP	Jacksonville, FL 32217	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kenny, Jane	
STREET ADDRESS	1526 University Blvd. W. #113	
CITY-ST-ZIP	Jacksonville FL 32217	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jane Kenny, VP and Sec'y

Date

Daytime Phone #

Feb. 4, 2000

904-612-1737