FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
03 MAY 12 PM 8:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #
1. Entity Name J&J General Contractor, in
P01000026446

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5928 Corson Place	5928 Corson Place
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Lake Worth, Flo	City & State: Lake Worth, Fl
Zip: 33463 Country: West Palm Beach	Zip: 33463 Country: West Palm Beach

4. FEI Number 593713107 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Paul E. Desir

Street Address (P.O. Box Number is Not Acceptable): 5928 Corson Place

City: Lake Worth, FL Zip Code: 33463

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. I am familiar with, and accept the obligations of registered agent. Please Delete John Cohen he is No longer with the Company and Add Paul E Desir

SIGNATURE: Paul E Desir 05/07/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	Owner/President
NAME	Paul E Desir
STREET ADDRESS	5928 Corson Place
CITY-ST-ZIP	Lake Worth, Florida 33463
TITLE	N/A
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	N/A
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	N/A
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	N/A
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	N/A
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	500018807025
NAME	05/12/03--01070--013 **158.75
STREET ADDRESS	
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CITY-ST-ZIP	

CR2E034B (12/02)

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Paul E. Desir 05/07/03 (561) 966-4887
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

05/20