

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State
 04-11-2002 90671 032 ***150.00

0042281 AV

DOCUMENT # P94000049832

1. Entity Name
J & A, INC., OF TALLAHASSEE

Principal Place of Business Mailing Address
6409 WOODVILLE HWY. 6409 WOODVILLE HWY.
TALLAHASSEE FL ~~32311~~ 32305 TALLAHASSEE FL ~~32311~~ 32305



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-3264779		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
WELDON, ALLEN 6409 WOODVILLE HIGHWAY TALLAHASSEE FL 32311 32305				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D WELDON, ALLEN ☐ Delete			TITLE	☐ Change ☐ Addition		
NAME				NAME			
STREET ADDRESS	6409 WOODVILLE HIGHWAY			STREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE FL 32311 32305			CITY-ST-ZIP			
TITLE	D ☐ Delete			TITLE	☐ Change ☐ Addition		
NAME	LEWIS, JOHN A			NAME			
STREET ADDRESS	6409 WOODVILLE HIGHWAY			STREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE FL 32311 32305			CITY-ST-ZIP			
TITLE	☐ Delete			TITLE	☐ Change ☐ Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE	☐ Delete			TITLE	☐ Change ☐ Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE	☐ Delete			TITLE	☐ Change ☐ Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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: Allen Weldon **Allen Weldon** 4-5-02 421-6872
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)