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2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

Jan 21, 2003 8:00 am **Secretary of State** 517799 DOCUMENT # 01-21-2003 90059 037 ***158.75 1. Entity Name J & J BUILDING ENTERPRISES, INC. Principal Place of Business Mailing Address 90007163 1010 JOHNS POINT DR P.O. BOX 26593 WINTER GARDEN FL 34787 TAMARAC FL 33320 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES 4. FEI Number Applied For 59-1680465 Not Applicable Country SA Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MILLER, JEREL M Street Address (P.O. Box Number is Not Acceptable) 1017 JOHNS POINT DRIVE WINTER GARDEN FL 34787 City 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 ag cesident Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing After May 1, 2003 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Make Check Payable to Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE CEOD ☐ Delete TITLE (10/02)☐ Addition NAME MILLER, JEREL M NAME STREET ADDRESS 1017 JOHN'S POINT DRIVE STREET ADDRESS CITY-ST-7IP OAKLAND FL 34787 CITY-ST-ZIP **PDS** ☐ Delete TITLE Change Addition COSTECLO JAMES J. JA. 1010 Juhus PRINTE M. OMELAND FL 34787 NAME COSTELLO, JAMES J JR NAME STREET ADDRESS 1010 JOHNS POINTE DRIVE STREET ADDRESS CITY-ST-ZIP WINTER GARDEN FL 34787 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 ☐ Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 Block 11 if changed, or on an attachment with an address, with all point like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR