FILED

## 2002 UNIFORM BUSINESS REPORT (UBR)

## Jan 30, 2002 8:00 am Secretary of State DOCUMENT # H77216 1. Entity Name 01-30-2002 90027 020 \*\*\*150 00 J & B COMMERCIAL FLOORS, INC. Principal Place of Business Mailing Address 1200 TILDEN AVE 1200 TILDEN AVE APOPKA FL 32703 APOPKA FL 32703 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2593676 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LUSK, JERRY R. Street Address (P.O. Box Number is Not Acceptable) 11247 HARDER RD CLERMONT FL 34711 City 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Defete TITLE CR2E034 (9/01 Change ☐ Addition LUSK, JERRY R. NAME STREET ADDRESS 1200 TILDEN AVE STREET ADDRESS CITY-ST-ZIP APOPKA FL CITY-ST-ZIP TITLE STD ☐ Delete TITLE Addition NAME Lusk, dixie l NAME STREET ADDRESS 1200 TILDEN AVE STREET ADDRESS CITY-ST-ZIP apopka FL 32703 CITY-ST-ZIP TITLE ☐ Delete Addition NAME OLSON, BRIAN K NAME STREET ADDRESS 1200 TILDEN AVENUE STREET ADDRESS CITY-ST-ZIP APOPKA FL 32703-6497 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME COOK, CHRISTOPHER S NAME STREET ADDRESS 1200 TILDEN AVENUE STREET ADDRESS CITY-ST-ZIP APOPKA FL 32703-6497 CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7F CITY-ST-ZIP TITLE ☐ Delete ☐ Channe 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: