2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

H77216 **DOCUMENT #**

1. Entity Name

J & B COMMERCIAL FLOORS, INC.



FILED Jan 06, 2003 8:00 am Secretary of State

01-06-2003 90053 010 ***150.00

Principal Place of Business 1200 TILDEN AVE APOPKA FL 32703 US			Mailing Address 1200 TILDEN AVE APOPKA FL 32703 US									
2. Principal Pl	ace of Busin	ess	3. Mailing Address						4 1001011 3 131 19014 10010 11001 11	LIG BILL BIGHT		7611 B1841 1981
Suite, Apt. 1	ŧ, etc.		Suite, Apt. #, etc.					CHECK HERE IF MAKING CHANGES				
City & State			City & State					4. FEI Number 59-2593676				oplied For ot Applicable
Zip	Country			Zip Cour					Certificate of Status Desired		\$8.75 Add Fee Require	
6. Name and Address of Current Registered Agent								7.* Name and Address of New Registered Agent				
LUSK, JERRY R. 11247 HARDER RD				Name Street A			dress (P.	ess (P.O. Box Number is Not Acceptable)				
CLERMONT FL 34711									*		Zip Cod	
*•		City					FI	-				
	named entit ons of regist		or the purp	ose of changing its	registere	ed office or r	egistered	d age	ent, or both, in the State of Fid	orida. I am	familiar with,	and accept
SIGNATURE _	Signature, typed	or printed name of registered agen	t and title if app	licable. (NOTI	E: Registere	d Agent signature	required w	hen rei	instating)	DATE		-
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State									Election Campaign Finant Fund Contribution			00 May Be d to Fees
10. OFFICERS AND D				DIRECTORS 11.				ADI	DITIONS/CHANGES TO OFF	ICERS AN	D DIRECTOR	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LUSK, JE 1200 TILI APOPKA	DEN AVE		☐ Delete							☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LUSK, DI 1200 TILI	XIE L	-	☐ Delete							☐ Change	Addition
TITLE - NAME STREET ADDRESS CITY-ST-ZIP	V OLSON, 1 1200 TILI			☐ Delete		-		•			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V COOK, C 1200 TILL	HRISTOPHER S DEN AVENUE FL 32703-6497		☐ Delete							☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		I				_	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	CITY	ME EET ADDRESS (-ST-ZIP	1: 0	41	119 07/3Vi) Florida Statutes	6, pph = v =	☐ Change	Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

JOK_REQUIRED Dixie Lusk

1-3-03