2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90272 041 ***150.00

DOCUMENT # H88704

1. Entity Name
JJJ EQUIPMENT CORP.

Principal Place of Business	Mailing Address
4611 S UNIVERSITY DR	4611 S UNIVERSITY DR
#441	#441
DAVIE FL 33328	DAVIE FL 33328
US	US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2612114 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
STEWART, JOHN 15963 E WIND CIR SUNRISE FL 33326	Name Street Address (P.O. Box Number is Not Acceptable) City FL 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) 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	VPD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	STEWART, VIRGINIA	NAME	
STREET ADDRESS	15963 EAST WIND CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL	CITY-ST-ZIP	
TITLE	PM ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	STEWART, JOHN	NAME	
STREET ADDRESS	15963 EAST WIND CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL	CITY-ST-ZIP	
TITLE	S ☒ Delete	TITLE	☐ Change ☐ Addition
NAME	STEWART, DANICLE A	NAME	
STREET ADDRESS	15963 E WIND CIR	STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL 33326	CITY-ST-ZIP	
TITLE	T ☒ Delete	TITLE	☐ Change ☐ Addition
NAME	RYE, JEANETTE	NAME	
STREET ADDRESS	2530 PIERCE ST., #204	STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33020	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: Virginia A Stewart VIRGINIA A STEWART, D/VP 04/29/02 954-467-4040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (9/01)