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2000 UNIFORM BUSINESS REPORT (UBR) FILED May 19, 2000 8:00 am Secretary of State DOCUMENT # J49557 1. Entity Name J & J Business Investments & Mortgage, Inc. 05-19-2000 90009 034 ***150.00 Principal Place of Business Mailing Address 3535 Clearview 3535 Clearview Cocoa, F1. 32926 Cocoa, F1. 32926 00090073 2. Principal Place of Business 3535 N. U.S.1 3. Mailing Address 3535 N. U.S.1 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number Not Applicable Cocoa, F1. <u>Cocoa, Fl.</u> Country \$8.75 Additional Zip 32926 Country Zip 32926 5. Certificate of Status Desired USÁ USĂ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Hempfling, John W. Street Address (P.O. Box Number is Not Acceptable) 3535 N. U.S.1 Cocoa, F1. 32926 Zip Code City 8. The above name 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE TITLE Addition ☐ Delete D NAME NAME Hempfling, Vivian Hempfling, Vivian STREET ADDRESS STREET ADDRESS 522 Clearview Drive 522 Clearview Drive CITY-ST-ZIP CITY - ST - ZIP 6960a, Fl. 32926 Çocoa, Fl. 🔼 Change ☐ Addition TITLE ☐ Delete TITLE Hempfling, John Hempfling, John NAME NAME 522 Clearview Drive 522 Clearview Drive STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Cocoa, F1. CITY-ST-ZIP Cocoa, Fl. 32926 ☐ Delete ☐ Change Addition TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE 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 of the receiver of 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: Davume Phone #