

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90194 018 ***150.00

DOCUMENT # K48951

1. Entity Name

J.L.J. STUCCO, INC.

Principal Place of Business

Mailing Address

THOMAS D. JENNINGS
PO BOX 1256
MOSSYHEAD FL 32434

P O BOX 1306
PO BOX 1256
MOSSYHEAD FL 32434-1256
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

PO Box 1306

Suite, Apt. #, etc.

PO Box 1306

City & State

City & State

4. FEI Number

59-2925221

Applied For

Not Applicable

Zip

Country

Zip

Country

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

JENNINGS THOMAS A
RT 6 BOB SIKES HWY
DEFUNIAK SPRINGS FL 32433

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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, 2000 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

OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
<p><input type="checkbox"/> Delete</p> <p>D</p> <p>JENNINGS, THOMAS A.</p> <p>P.O. BOX 1256 N/A</p> <p>MOSSY HEAD FL</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>TITLE</p> <p>NAME</p> <p>STREET ADDRESS</p> <p>CITY-ST-ZIP</p>
<p><input type="checkbox"/> Delete</p> <p>ADDRESS</p> <p>ST-ZIP</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>TITLE</p> <p>NAME</p> <p>STREET ADDRESS</p> <p>CITY-ST-ZIP</p>
<p><input type="checkbox"/> Delete</p> <p>ADDRESS</p> <p>ST-ZIP</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>TITLE</p> <p>NAME</p> <p>STREET ADDRESS</p> <p>CITY-ST-ZIP</p>
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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:

THOMAS A. JENNINGS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/17/00 850 892 3874

Daytime Phone #

CR2E034 (9/99)