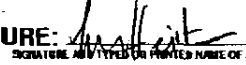


FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90899 026 ****50.00

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L02000003006			
1. Entity Name J & C INDUSTRIES, LLC			
Principal Place of Business 5606 WELLESLEY PARK DR., #201 BOCA RATON, FL 33433		Mailing Address 5606 WELLESLEY PARK DR., #201 BOCA RATON, FL 33433	
2. Principal Place of Business 17627 TIFFANY TRACE		3. Mailing Address ← (SAME)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State BOCA RATON, FL		City & State	
Zip 33487	Country FL	Zip	Country
4. FFI Number 65-1159304		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent HEINTZ, JOHN 5606 WELLESLEY PARK DR., #201 BOCA RATON, FL 33433		7. Name and Address of New Registered Agent JOHN HEINTZ Street Address (P.O. Box Number is Not Acceptable) 17627 TIFFANY TRACE City BOCA RATON FL Zip Code 33487	
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. I am familiar with, and accept the obligations of, registered agent.			
SIGNATURE 		DATE 4/11/03	
SIGNATURE, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent's signature required when necessary)			
FILED AND RECORDED IN THE OFFICE OF THE SECRETARY OF STATE DATE OF RECORDED APR 14 2003			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP MANAGER JOHN HEINTZ 17627 TIFFANY TRACE BOCA RATON, FL 33487	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 606, Florida Statutes.			
SIGNATURE: 		DATE 4/11/03 S/P. 988.1332	
SIGNATURE, typed or printed name of signing managing member, manager, or authorized representative		Daytime Phone #	

CH25183 (10/02)