2002 UNIFORM BUSINESS REPORT (UBR)

Feb 21, 2002 8:00 am L17411 DOCUMENT # **Secretary of State** 1. Entity Name 02-21-2002 90038 005 ***158.75 J JB EARTH MOVERS INC. Principal Place of Business Mailing Address 9495 EVERGREEN PLACE #107 9495 EVERGREEN PLACE #107 3 4 4 0 3 4 FT LAUDERDALE FL 33324 FT LAUDERDALE FL 33324 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0170628 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BURANDT, SANDRA J._ "Street Address (P.O. Box Number is Not Acceptable)" 9494 EVERGREEN PL., #107 FT. LAUDERDALE FL 33324 City 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 (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees 🚅 (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Addition TITIES ☐ Defete ☐ Change NAME BURANDT, SANDRA J. NAME 9495 EVERGREEN PL #107 STREET ADDRESS STREET ADDRESS FT LAUDERDALE FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition ☐ Delete TITLE ☐ Change NAME BURANDT, SANDRA J. NAME 9495 EVERGREEN PL #107 STREET ADDRESS STREET ADDRESS FT LAUDERDALE FL CITY-ST-7IP CITY-ST-ZIE TITLE ☐ Defete ☐ Change ■ Addition TITLE NAME BURANDT, SANDRA J. NAME STREET ADDRESS 9495 EVERGREEN PL #107 -STREET ADDRESS FT LAUDERDALE FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ 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

SIGNATURE:

FILED