## 2002 UNIFORM BUSINESS REPORT (UBR)

## May 01, 2002 8:00 am Secretary of State **DOCUMENT #** L30197 1. Entity Name J J.B.D. ENTERPRISES, INC. 05-01-2002 91467 013 \*\*\*150.00 Principal Place of Business Mailing Address 7620 GUNN HIGHWAY 7620 GUNN HIGHWAY SUITE-130-SUITE\_130\_ CITRUS PARK FL 33625 CITRUS PARK FL 33625 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2984467 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 DRAPER, JOHNATHON B. Street Address (P.O. Box Number is Not Acceptable) 10035 CHIP LANE **NEW PORT RICHEY FL 34654** 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. 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 FILE NOW!!! FEE IS \$150.00 Tay filing requirement and elects to do so. 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 \$5.00 May Be (See criteria on back) Trust Fund Contribution. Make Check Payable to Department of State Added to Fees 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete THILE ☐ Change ☐ Addition NAME DRAPER. JOHNATHAN B. STREET ADDRESS **7620 GUNN HIGHWAY S-130** STREET ADDRESS CITY-ST-ZIP CITRUS PARK FL 33625 CITY-ST-ZIP TITLE STD ☐ Delete TITLE Change Addition NAME DRAPER, BRENDA K. NAME STREET ADDRESS 7620 GUNN HIGHWAY S-130 STREET ADDRESS City-St-ZIP CITRUS PARK FL 33625 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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

I hereby certify that the information supplied with this filling 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 of 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 reference of the corporation of the

CITY-ST-7IP

SIGNATURE:

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