

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90130 031 \*\*\*150.00

**DOCUMENT # L48878**

1. Entity Name  
**J & B PUMP INDUSTRIES, INC.**

Principal Place of Business      Mailing Address  
 21101 SR 80      PO BOX 396  
 BOX 396      ALVA FL 33920-0396  
 ALVA FL 33920      US  
 US

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0171553**      Applied For  
 Not Applicable

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        |
|---------------------------------------------------------------------------------------------|----------------------------------------------------|
| <b>ADAMS, LEIGH A</b><br><b>17331 REWIS DRIVE</b><br><b>BOX 396</b><br><b>ALVA FL 33920</b> | Name                                               |
|                                                                                             | Street Address (P.O. Box Number is Not Acceptable) |
|                                                                                             | City                                               |
|                                                                                             | State <b>FL</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. 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**

| 11. OFFICERS AND DIRECTORS |                                          | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |                                                                   |
|----------------------------|------------------------------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE                      | <b>D</b> <input type="checkbox"/> Delete | TITLE                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>ADAMS, LEIGH A.</b>                   | NAME                                                  |                                                                   |
| STREET ADDRESS             | <b>17331 REWIS DR, BOX 396</b>           | STREET ADDRESS                                        |                                                                   |
| CITY-ST-ZIP                | <b>ALVA FL</b>                           | CITY-ST-ZIP                                           |                                                                   |
| TITLE                      | <input type="checkbox"/> Delete          | TITLE                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                          | NAME                                                  |                                                                   |
| STREET ADDRESS             |                                          | STREET ADDRESS                                        |                                                                   |
| CITY-ST-ZIP                |                                          | CITY-ST-ZIP                                           |                                                                   |
| TITLE                      | <input type="checkbox"/> Delete          | TITLE                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                          | NAME                                                  |                                                                   |
| STREET ADDRESS             |                                          | STREET ADDRESS                                        |                                                                   |
| CITY-ST-ZIP                |                                          | CITY-ST-ZIP                                           |                                                                   |
| TITLE                      | <input type="checkbox"/> Delete          | TITLE                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                          | NAME                                                  |                                                                   |
| STREET ADDRESS             |                                          | STREET ADDRESS                                        |                                                                   |
| CITY-ST-ZIP                |                                          | CITY-ST-ZIP                                           |                                                                   |
| TITLE                      | <input type="checkbox"/> Delete          | TITLE                                                 | <input type="checkbox"/> Change <input type="checkbox"/> 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 changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Leigh Adams*      **REQUIRE**      *Leigh Adams*      **4/24/00**      **941-728-2200**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/99)