2002 UNIFORM BUSINESS REPORT (UBR)

Principal Place of Business 10750 NEW KINGS ROAD JACKSONVILLE R, 3219 2. Principal Place of Business 10750 NEW KINGS ROAD JACKSONVILLE R, 3219 2. Principal Place of Business Sund, Auf. #, etc. Sund, Apf. #, etc. Sund, Apf. #, etc. Sund, Apf. #, etc. Do Not Writte IN THIS SPACE City & State Country Zp Country Zp Country Super Address of Current Registered Agent T, Name and Address of New Registered Agent To Name and Address of Current Registered Agent To Name Kinds Road JACKSONVILLE R, 32219 Name MARTIN, JOE Super Address (P.O., Box Namber is Not Acceptable) To Name And Address of New Registered Agent To Name Ag	2002 Uniform Business Report (UBR)						FILED				
J & M CONSTRUCTION AND WRECKING, INCORPORTED 04-17-2002 90069 010 ***1 50.00 Pércipal Place of Business 10750 NEW KINGS ROAD JACKSONNILE FL 3219 2. Principal Place of Business Sullo, Apr. #, etc. Do Not Write in this space 2. Principal Place of Business Sullo, Apr. #, etc. City & State Ci							Apr 17, 2002 8:00 am Secretary of State				
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2. Principal Pace of Business 3. Mailing Address Surie, Apt. 4, etc. DO NOT WRITE IN THIS SPACE City & State City &	10750 NEW K	INGS ROAD	10750 NEW KII	10750 NEW KINGS ROAD							
Suite, Apt. 4, etc. Suite, Apt. 4, etc. Suite, Apt. 4, etc. DO NOT WRITE IN ITHIS SPACE City & State City & State City & State City & State Country S. Certificate of Status Desired S8.75 Addition Fee Plaquised Fee Plaqu											
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S. Gerthicate of Status Desired Foe Pequinda Foe Name and Address of Current Registered Agent 7, Name and Address of New Registered Agent 7, Name and Add						4. 1	59-291675		No	plied For t Applicable	
MARTIN, JOE E. 10750 NEW KINGS FOAD JACKSONVILLE FL 32219 City FL Zip Code 8. The above named entity submits its statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE 9. This corporation is eligible to satisfy its Infrangible Tax filing requirement and elects to do so. (See criteria on back) TAX filing requirement and elects to do so. (See criteria on back) PARTIN, JOE ITILE MARTIN, JOE SIRET ADDRESS CITY-ST-2P TITLE MARE MARTIN, BONNIE ITILE MARTIN, BONNIE MARTIN, BONNIE MARTIN, BONNIE MARTIN, BONNI					Country			<u> </u>	ee Required		
10750 NEW KINGS ROAD JACKSONVILLE FL 32219 City FL Zip Code Oty Fl Zip	C. Haine and Address of Sufferin Registered Again				Name		ane and Address of New	Tiogistered A	en		
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	10750 NEW KINGS ROAD				Street Address (P.O. Box Number is Not Acceptable)						
SIGNATURE Signature, typed of primed name of registered agent and size if applicable. (NOTE Registered Agent is greature required when reneating)				City	City FL Zip Code						
Signature, typed or firmen name of registered agent and 18 of 1 applicable. (NOTE: Registered Agent applicable (NOTE: Registered Agent applicable). (NOTE: Regi	8. The above	named entity submits this state	ment for the purpose of ch	nanging its registe	red office or	registered ago	ent, or both, in the State of	Florida.			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Added to 100	SIGNATURE.	Signature, typed or printed name of registe	red agent and title if applicable.	(NOTE: Register	red Agent signatu	are required when re-	nstating)	DATE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Tax filling requirement and elects to do so.					50.00	, -			0 May Be to Fees	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME							DITIONS/CHANGES TO O	FICERS AND D	DIRECTORS	S IN 11	
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TITLE	TITLE NAME	JACKSONVILLE FL	<u> </u>	Delete TIT	LE TE	रकः रेकः र		<u> </u>	Change	Addition	
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CITY-ST-ZIP CITY-ST-ZIP	TITLE NAME STREET ADDRESS			Delete ; TITI NAF STR	LE ME REET ADDRESS			(Change	Addition	

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: