

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 02, 2002 8:00 am
Secretary of State

06-02-2002 90906 033 ****61.25

DOCUMENT # *N48697*

1. Entity Name

Joe-Bill Association Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1861 N. Powerline Rd.

Suite, Apt. #, etc.

3. Mailing Address

SAME

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Pompano Beach FL.

City & State

Zip

33067

Country

USA

Country

4. FEI Number

65-0334827

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

William Chapman

Street Address (P.O. Box Number is Not Acceptable)

12034 NW 49th Drive

City

Coral Springs

FL

Zip Code

33067

**DO NOT WRITE
IN THIS SPACE**

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

5-14-02

DATE

FEE IS \$61.25

Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE *PRES - P*
NAME *William Chapman*
STREET ADDRESS *12034 NW 49th Drive*
CITY-ST-ZIP *Coral Springs FL 33067*

TITLE *VP - P*
NAME *Joseph Lettelier*
STREET ADDRESS *2899 NW 185th St.*
CITY-ST-ZIP *Citra FL 32113*

TITLE *S.T.D.*
NAME *William A. Pratt*
STREET ADDRESS *8530 NW 18th Street*
CITY-ST-ZIP *Coral Springs, FL 33071*

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**DO NOT WRITE
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CR2E037B (12/01)

12. 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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature] *William Chapman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-4-02

954-960-0035