2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

03 AUG -5 AM 10: 17 P00000001416 **DOCUMENT #** 1. Entity Name SECRETARY OF STATE C.J.F. INC. Principal Place of Business Malling Address 815 ROLLING HILLS DR 815 ROLLING HILLS DR PALM HABOR FL 34683 PALM HABOR FL 34683 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State Applied For 4. FEì Number 59-3617766 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FRAGALE. CHRISTOPHER M Street Address (P.O. Box Number is Not Acceptable) 815 ROLLING HILLS DR PALM HABOR FL 34683 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be After September 10, 2003 Fee will be \$750.00 Trust Fund Contribution. П Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE Change Addition FRAGALE, CHRISTOPHER NAME MAME 815 ROLLING HILLS DR STREET ADDRESS STREET ADDRESS CR2E034 CITY-ST-ZIP PALM HARBOR FL 34883 CITY-ST-ZIP TITLE ☐ Deleta Change ☐ Addition TITLE NAME FRAGALE, JENNIFER NAME 815 ROLLING HILLS DR STREET ADDRESS STREET ADDRESS PALM: HARBOR: FL=34683: CITY_ST_ZIE CITY-ST-ZIP. TITLE" Delata TITLE Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TID F ☐ Delete TITLE ☐ Change ☐ Addition NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-7IP Delete TIFLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Delete ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$1-ZIP 12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under each; 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

July 14, 2003

Florida Department of State
Division of Corporation
P O box 1500
Tallahasse, Florida 32302 - 1500

Gentlemen;

The writer would like you to accept her apology for the late filing of the Uniform Business Report for the 2003 year, however we never received the original one in the mail, and that could be that in February we never received the 1120 from the Internal Revenue Service. Either the mail box out in front of our house was broken into, or that the mail man put the papers in the wrong mail box.

At any point, we are mailing the \$ 150.00 and the completed form today, per the instructions on your phone message, and we are going to up date our records for the 2004 form in the month of February. Again we ask your indulgence for the misup, as this is only the second year that we have been in business, and we are getting the hang of being in business.

Yours very truly.

Jennifer Fragale

Secretary C.J.F, Inc.

815 Rolling hills Dr

Palm Harbor, Florida 34683

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