

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90399 026 ***150.00

DOCUMENT # P00000001693

1. Entity Name
J.J.B. PROPERTIES, INC.



Principal Place of Business
**3148 NE 15 AVE
OAKLAND FL FL 33334**

Mailing Address
**1631 SE 14TH STREET
FORT LAUDERDALE FL 33301**

100018008



2. Principal Place of Business

3. Mailing Address

1631 SE 14 ST

1631 SE 14 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

FT LAUD FL

FT LAUD FL

Zip **33316**

Country **US**

Zip **33316**

Country **US**

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0975792**

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

**WALKER, JOHN C
3020 N FEDERAL HWY #11
FORT LAUDERDALE FL 33306**

Name

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

City

FL

Zip Code

28. 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 \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

8. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P**
NAME **BAKER, JOHN**
STREET ADDRESS **1631 SE 14TH STREET**
CITY-ST-ZIP **FORT LAUDERDALE FL 33301**

☐ Delete

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NAME
STREET ADDRESS
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☐ Change

☐ Addition

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 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.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)