

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P00000015982

FILED
Feb 11, 2002 8:00 AM
Secretary of State

Entity Name: J & B GLOBAL INC.

Current Principal Place of Business:

16790 W. GRAND NATIONAL DRIVE
LOXAHATCHEE, FL 33470

New Principal Place of Business:

New Mailing Address:

9091 N. MILITARY TRAIL
SUITE 12
PALM BEACH GARDENS, FL 33410

Current Mailing Address:

16790 W. GRAND NATIONAL DRIVE
LOXAHATCHEE, FL 33470

FEI Number: 65-0981703

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MANGONE, BARBARA
16790 W. GRAND NATIONAL DRIVE
LOXAHATCHEE, FL 33470

Name and Address of New Registered Agent:

MANGONE, BARBARA
9091 N. MILITARY TRAIL
SUITE 12
PALM BEACH GARDENS, FL 33410

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: _____

Electronic Signature of Registered Agent

02/11/2002

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MANGONE, BARBARA
Address: 16790 W. GRAND NATIONAL DRIVE
City-St-Zip: LOXAHATCHEE, FL 33470

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MANGONE, BARBARA
Address: 9091 N. MILITARY TRAIL
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: VP () Change (X) Addition
Name: JOHNSON, JOHN M
Address: 19900 MONA ROAD
City-St-Zip: TEQUESTA, FL 33469

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA MANGONE

Electronic Signature of Signing Officer or Director

P

02/11/2002

Date