DOCUMENT # P0000058799  1. Entity Name  F & J SERVICES, INC.						FILED Jan 11, 2001 8:00 am Secretary of State				
Principal Place of Business Mailing Address						01-11-2001 90	•			
4354 NORTHWEST 9TH AVENUE #191 POMPANO BEACH FL 33064		4354 NORTHWEST 9TH AVENUE #191 POMPANO BEACH FL 33064								
2. Principal P	Place of Business	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			7	. DO NOT WRITE IN THIS SPACE				
City & State		City & State				FEI Number 5 · 10/7 433	-	<u> </u>	oplied For ot Applicable	]
Zip	Country	Zip	Coun	try	T	Certificate of Status Desired		\$8.75 Add Fee Require		]
	6. Name and Address of Current R	egistered Agent			7. 1	Name and Address of New Re	egistered A	gent		1
# * _ <u>= *</u>	سام د المحترب المام	On 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		Name	*** *** .					
1201	PORATION SERVICE COMPANY I HAYS STREET AHASSEE FL 32301-2525			Street Addres	s (P.O. E	30x Number is Not Acceptable	)			1
				City	<del></del> .		FL	Zip Cod	ie	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of S			tate	ate Added to Fees				
11.	OFFICERS AND D	IRECTORS	12.		AD	DDITIONS/CHANGES TO OFFI	CERS AND			<u>۱</u> ۳
TITLE NAME STREET ADDRESS ' CITY-ST-ZIP	D Delete  ROACH, FRED  4354 NORTHWEST 9TH AVENUE #191  POMPANO BEACH FL 33064						_	☐ Change	☐ Addition	CR2E034 (10/00)
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete					-	Change	☐ Addition	CRS
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		ı				☐ Change	Addition	-
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Defete	TITLE NAME STREE					☐ Change	☐ Addition	-
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREE					Change	Addition	
13. I hereby of indicated of the corp	certify that the information supplied with to on this report or supplemental report is to poration or the receiver or trustee empor or on an attachment with an address, wi	rue and accurate and that makers are to execute this report.	the exer	mption stated in ure shall have th	ie same	legal effect as if made under o	atn; that i a	ım an officer	or director	

SIGNATURE: ROBER SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/01 (5\$4) 784-4047
Date Daytime Phone #