

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90075 012 ***150.00

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DOCUMENT # P00000058799

1. Entity Name
F & J SERVICES, INC.



Principal Place of Business
4354 NORTHWEST 9TH AVENUE #191
POMPANO BEACH FL 33064

Mailing Address
4354 NORTHWEST 9TH AVENUE #191
POMPANO BEACH FL 33064

90016489



2. Principal Place of Business

876 N. FEDERAL HIGHWAY

3. Mailing Address 876 N. FEDERAL HIGHWAY

Suite, Apt. #, etc.

SUITE 923

SUITE 923

City & State

Pompano Beach FL

Pompano Beach FL

Zip

33062

Country

OROVARD

Zip

33062

Country

BROWARD

CHECK HERE IF MAKING CHANGES

4. FEI Number

65-1017433

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

Name

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

City

FL

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 *Fred E Roach*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/25/03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE Delete

NAME D ROACH, FRED
STREET ADDRESS 4354 NORTHWEST 9TH AVENUE #191
CITY-ST-ZIP POMPANO BEACH FL 33064

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Change Addition

NAME
STREET ADDRESS 876 N. FEDERAL SUITE 923
CITY-ST-ZIP POMPANO BEACH, FL 33062

TITLE Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition

NAME
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CITY-ST-ZIP

TITLE Delete

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CITY-ST-ZIP

TITLE Change Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Fred E Roach* **SIGNATURE REQUIRED** FRED E ROACH 1/25/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)