DOCUMENT # P00000083469

S & J VE	ENTURES, INC.		(l	<b>9</b>	07-03-2001 9	90001 047 ***150.	.00
Principal Place of Business Mailing Address 1340 EL RAY BLVD. 1340 EL RAY BLV MT. DORA FL 32757 MT. DORA FL 3275					554290		
	Place of Business COBBLE COURT #, etc.	3. Mailing Address 411 S. COG( Suite, Apt. #, etc.	PLE COU	<u>e</u> t	DO NOT WRITE	E IN THIS SPACE	
City & Stat	e T-DOLA FL	City & State  MOUNT DORA	4=-FL	فميت تنبيت	El Number 59-36-82199	<b>├</b>	plied For
<u> </u>	157 USA	32757	USA		Certificate of Status Desired	Fee Required	
<del></del>	6. Name and Address of Current	Registered Agent	Name		Name and Address of New Re	gistered Agent	
CONNED SYNDY				CLARK SYNDY			
	EL RAY BLVD.	Street Address (P.O. Box Number is Not Acceptable) 411 S. COBBLE COURT					
· MI. L	DORA FL 32757						
•			City	City MT. DORA FL 32757			
8. Thè above	named entity submits this statement for	the purpose of changing its re					
•	Simbly C. Clar	-1					
SIGNATURE	Signature, typed or phinted name of registered agent a		Registered Agent signat	ure required when re	einstating)	DATE	
Tax filing requirement and elects to do so.   After MAY 1, 20			FEE IS \$150.00 1 Fee will be \$550.00 e to Department of State		10. Election Campaign Fina Trust Fund Contribution.	~ ~ ~~	<b>0</b> May Be to Fees
11.	OFFICERS AND I	DIRECTORS	12.	AD	I DITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS	3 IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Conner, Syndy 1340 El Ray Blvd. Mt. Dora fl 32757	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	4   S. C.	SYNDY obble Covet LA FL 32757	Change .	☐ Addition
TITLE	D	☐ Delete	TITLE		,	Change	Addition
NAME STREET ADDRESS	CLARK, JOHN 1340 EL RAY BLVD.		NAME STREET ADDRESS	CLARK	L JOHN wable coult		
CITY-ST-ZIP	MT. DORA FL 32757			MT. DO	LA FC32757	<del>_</del> <del>-</del>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
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NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP				į
TITLE		☐ Delete	TITLE			☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP				
TITLE		☐ Delete	TITLE			☐ Change	Addition
STREET ADDRESS			NAME STREET ADDRESS				ĺ

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

352-735-5983

Date

Daytime Phone #



defing the original filling for mail was lost and we did not

55429,

411 S. Cobble Court Mount Dora, FL 32757

**Uniform Business Report Division of Corporations** P.O. Box 1500 Tallahassee, FL 32302-1500

June 20, 2001

Attn: To whom it may concern,

This letter is to inform you that due to S & J Ventures, Inc. moving our mail was lost and we did not receive the Business Report until after the the assigned date. We are enclosing the original filling fee in accordance with this letter.

Thank you for you understanding, Syndy C. Clark

President

S & J Ventures, Inc.