2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Apr 28, 2003 8:00 am
Secretary of State
04-28-2003 91436 042 ***150.00

DOCUMENT # P00000087037

1. Entity Name
J & J/RF, INC.

Principal Place of Business	Mailing Address
15375 HWY 27 LAKE WALES FL 33859	2300 29TH STREET NW WINTER HAVEN FL 33881

[redacted]

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: 59-3671290 ☐ 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
PADGETT, JERRY D 2550 WALK-IN-WATER RD. LAKE WALES FL 33853	Name Street Address (P.O. Box Number is Not Acceptable) City / ST / 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 _____ DATE

FILE NUMBER 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (FT 11)	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPT PADGETT, JERRY D 2550 WALK-IN-WATER RD. LAKE WALES FL 33853 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV IGLESIAS, JOE 116 LOQUAT RD NW LAKE PLACID FL 33852 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S LAMONS, CAROL D 2300 29TH STREET NW WINTER HAVEN FL 33881 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exempt status 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: J Iglesias JOE IGLESIAS 4/22/03 (863)638-4440
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Telephone Number

Apr 22 03 04:25p p.2