**FILED** 

## 2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

## Feb 01, 2002 8:00 am P00000105842 DOCUMENT # **Secretary of State** 1. Entity Name 02-01-2002 90002 034 \*\*\*150.00 JEC DISTRIBUTIONS, INC. Principal Place of Business Mailing Address 5757 CALAIS BLVD #1 5757 CALAIS BLVD #1 ST PETERSBURG FL 33714 ST PETERSBURG FL 33714 2. Principal Place of Business 3. Mailing Address 6208 <u>6208</u> DO NOT WRITE IN THIS SPACE City & State Applied For 4. FEI Number 59-3681533 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name CRAIG, JAMES Street Address (P.O. Box Number is Not Acceptable) 5757 CALAIS BLVD #1 ST PETERSBURG FL 33714 Zip Code City 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. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Change Addition TAMES ERAIG, JAMES 6208 109TH AVE CRAIG, JAMES NAME NAME 5757 CALAIS BLVD #1 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ST PETERSBURG FL 33714 CITY-ST-7IP PINELLAS PARK, FL TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP Delete Addition TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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