2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P00000109170

1. Entity Name



Secretary of State 01-21-2003 90067 025 ***150.00

FILED

Jan 21, 2003 8:00 am

J & M TIE BEAMS, INC. 医乳型乳壁石油 无一种 Principal Place of Business Mailing Address 3482 TYRINGHAM DR 3482 TYRINGHAM DR - 35000 WEST PALM BEACH FL 33406-5055 WEST PALM BEACH FL 33406-5055 2. Principal Place of Business 3. Mailing Address 3208 KARL ROAD 3208 KARL ROAD ☐ CHECK HERE IF MAKING CHANGES City & State City & State Applied For 4. FEI Number 65-1062646 west Paim Beach Not Applicable West Pain Beach \$8.75 Additional 5. Certificate of Status Desired USA 3340L USA Fee Required <u> 33406</u> 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MANSELL, SANDRA Street Address (P.O. Box Number is Not Acceptable) 3482 TYRINGHAM DR WEST PALM BEACH FL 33406-5055 3208 KARL ROAD Zip Code 334clp DCS+Palm Beach 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. change of Address only Sandra SANDTA MANSEI mansell Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10 11. Addition ☐ Delete TITLE NAME MANSELL, MARK A NAME 3208 KARL ROAD STREET ADDRESS STREET ADDRESS 3482 TYRINGHAM DR CITY-ST-ZIP CITY-ST-ZIP West Palm Beach Fl. 33406-5055 West Palm Beach FL TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME weeks, James e 3482 Tyringham Drive STREET ADDRESS STREET ADDRESS 3931 NOWATA RD ÇITY-ST-ZIP CITY-ST-ZIF West Palm Beach FL 33406 LANTANA FL 3362 TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change TITLE Delete ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Delete □ Addition TITLE TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 MARK MANSEII

SIGNATURE:

Presiden