


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

**FILED**  
**Jul 25, 2003 8:00 am**  
**Secretary of State**

07-25-2003 90091 012 \*\*\*150.00

0130657 AT

**DOCUMENT #** P01000033232  
1. Entity Name  
**DOUBLE "J" ENTERPRISES, INC.**



Principal Place of Business  
**9983 ROYAL CARDIGAN WAY  
WEST PALM BEACH FL 33411**

Mailing Address  
**PO BOX 970662  
COCONUT CREEK FL 33097**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
**P.O. Box 541144**  
Suite, Apt. #, etc.

City & State  
**LAKE WORTH, FL**

City & State  
**LAKE WORTH, FL**

Zip  
**33454**

Country  
**USA**

4. FEI Number **65-1088286**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required



CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**UVARI, GERALD**  
**9983 ROYAL CARDIGAN WAY**  
**WEST PALM BEACH FL 33411**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD UVARI, GERALD 9983 ROYAL CARDIGAN WAY WEST PALM BEACH FL 33411</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD TRECCIOLI, HENRY 6253 INDIAN FOREST CIRCLE LAKE WORTH FL 33463</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** SIGNATURE REQUIRED Henry Treccioli V.P. 7/23/03 (561) 723-8885  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/03)

Attachment

90146738

- Same Day Service
- Roll-Off Container Service
- Grapple Truck Service
- Bobcat Service



Division of Corporations  
P.O. Box 1500  
Tallahassee, Florida 32302-1500

Ref: P01000033232  
Double "J" Enterprises, Inc.

Dear Sir/Madam

Enclosed please find our corrected Uniform Business Report along with our check. This is the first report we received and upon receipt we called your office due to the lateness of our receiving it. Our mailing address has been changed for almost a year now which probably is the reason we received it late. The person I spoke with said to send a letter along with my paperwork and I wouldn't be charged a late filing fee due to the circumstances.

I thank you in advance for your cooperation in this matter.

Sincerely,

A handwritten signature in cursive script that reads "Henry Treccioli".

Henry Treccioli  
V.P.

Encs

1-866-ECCO4U2 (322-6482)

P.O. Box 541144 • Lake Worth, FL 33454 • Fax: 561-965-3646