

**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

3. Mailing Address
P.O. Box 541144

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
LAKE WORTH, FL

4. FEI Number **65-1088286**

Applied For
Not Applicable

Zip Country

Zip Country
33454 USA

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

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD UVARI, GERALD 9983 ROYAL CARDIGAN WAY WEST PALM BEACH FL 33411	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD TRECCIOLI, HENRY 6253 INDIAN FOREST CIRCLE LAKE WORTH FL 33463	<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

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
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