Amended FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (URR)

DOCUMENT # P0100053893 1. Entity Name							OZ OCI TALLAMASSI	FILE	,	
J * J Distributions, Corp.							SECONO PALIFICATION	11 PM) 3	
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2. Principat Place of Business 9171 Sterling Drive 3. Mailing Address SAM								10	4 ¹	
9171 Sterling Drive SAM' Suite, Apt. #, etc. Suite, Apt. #, etc.							DO NOT WR	TE IN THIS SPA	ACE	
City & Cody							4. FEI Number			
City & State City & State				,		•	65-11090	85	Applied For Not Applicable	
Zip 3315	Country		Zip Cour		itry	5. Certificate of Status Desi		ed S8.75 Additional Fee Required		
				<u>.</u>			me and Address of Curren	t Registered A	gent	
DO NOT WRITE IN THIS SPACE					Name 😯	MONT	**************************************			
					Street Address		(P.O. Box Number is Not Acceptable)			
					917	11 54	Sterling Drive			
					City N.				Zip Code 33157	
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.										
SIGNATURE B'obass (1160 Richard E. Vila President 10.9.02)										
Signature. typind or printed name of Legislated agent and fille if applicable. (NOTE: Regislated Agent signature required when reinstating) DATE										
Tax filing requirement and elects to do so. (See criteria on back) Amended					y 1 Fee is \$150.00 , Fee is \$550.00 UBR is \$61.25 e to Department of State		10. Election Campaign Fi Trust Fund Contribution		\$5.00 May Be Added to Fees	
11.		FFICERS AND DI	<u> </u>							
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011.01.01									that the information	
13. I hereby certify that the information supplied with this filling 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 on an attachment with an address, with all other like empowered.										
SIGNATURE: SIGNATURE AND TYPED OR BESINTED NAME OF SIGNING OFFICER OR DIRECTOR										
	/ BIGNATUR	E AND TYPED OF BEIN	TED NAME OF SIGNING OFFICE	ER OR DIRECT	OR		Date	Daytim	ie Phone #	