

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

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90149 015 ***150.00

DOCUMENT # *PD1000057320*

1. Entity Name
John's SIMONIZING SERVICE INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1171 SANDPOINT TERRACE
Suite, Apt. # etc

3. Mailing Address
1171 SANDPOINT TERRACE
Suite, Apt. # etc

DO NOT WRITE IN THIS SPACE

City & State
BOCA RATON FL
Zip
33428
Country
USA

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Zip
33428
Country
USA

4. FE Number
65-110581

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
John Ford
Street Address (P.O. Box Number is Not Acceptable)
1171 SANDPOINT TERRACE
City
BOCA RATON FL Zip Code
33428

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: *John Ford*

DATE: *4/9/03*

9. This corporation is eligible to satisfy its intangible taxing requirement and elects to do so: (See criteria on back)

January 1 - May 1 Fee is \$100.00
After May 1, Fee is \$200.00
Amended UBR is \$61.25
State Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PRESIDENT	NAME John Ford	STREET ADDRESS 1171 SANDPOINT TERRACE	CITY-STATE-ZIP BOCA RATON FL 33428
TITLE NAME	TITLE NAME	TITLE NAME	TITLE NAME
STREET ADDRESS CITY-STATE-ZIP	STREET ADDRESS CITY-STATE-ZIP	STREET ADDRESS CITY-STATE-ZIP	STREET ADDRESS CITY-STATE-ZIP
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DO NOT WRITE IN THIS SPACE

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii) Florida Statutes. I further certify that the information and data furnished in this 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, 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 attached form with an address, with all other fee empowered.

SIGNATURE: *John Ford* DATE: *4/9/03* DAYING PHONE: *901 483-4231*