

FROM : SWART BAUMRUK & CO., LLP

FAX NO. : 407 847 6641

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)****FILED**
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91336 046 ***150.00

DOCUMENT # P01000063734

1. Entity Name

J & J of FT. MYERS, INC.**DO NOT WRITE IN THIS SPACE****668702**

2. Principal Place of Business

10 PINE ISLAND ROAD N

3. Mailing Address

10 PINE ISLAND ROAD N

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

FT. MYERS, FL

City & State

FT. MYERS, FL

4. FEI Number

59-3727810

Applied For

Not Applicable

Zip

33903

Country

USA

Zip

33903

Country

USA5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

BAUMRUK, ANDY J. CPA

Street Address (P.O. Box Number is Not Acceptable)

717 E. OAK STREET

City

MISSISSIPPI

FL

7 in Code **38944****DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent with title and address.

(NOTE: Registered Agent signature required when reappointing)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒**January 1 - May 1 Fee is \$150.00
After May 1, fee is \$550.00
Amended UBR is \$81.25
Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees**

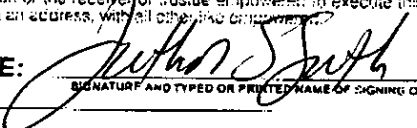
11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D,P,T SMITH, JONATHAN S. 14738 YELLOW PINE LANE CLERMONT, FL 34711	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, VP SMITH, JOHN J 105 MAID MARIAN RD STARKVILLE, MS 39759	TITLE NAME STREET ADDRESS CITY-ST-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 19.07(2)(b), 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 687, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other filing requirements.

SIGNATURE:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**Jonathan S. Smith****4/29/02**

Date

Daytime Phone #