

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

FILED
Jun 04, 2002 8:00 am
Secretary of State

06-04-2002 90221 028 ***150.00

DOCUMENT # P01000070724

1. Entity Name

J&J RESTAURANTS, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1764 GULF TO BAY BLVD.

Suite, Apt. #, etc.

3. Mailing Address

c/o JOHN B. COX

Suite, Apt. #, etc.

3604 W SAN JUAN ST

City & State

CLEARWATER, FL

City & State

TAMPA, FL

4. FEI Number

59-3732684

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip

33755

Country

USA

Zip

33629

Country

USA

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

JOHN B. COX

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

3604 W. San Juan ST

City

TAMPA

FL

Zip Code
33629

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 B. COX AS PRESIDENT

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reconstituting)

JOHN B. COX

June 3, 2002

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 \$61.25

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	PRESIDENT
NAME	JOHN B. COX
STREET ADDRESS	3604 W. SAN JUAN ST
CITY - ST - ZIP	TAMPA, FL 33629
TITLE	VICE PRESIDENT
NAME	JAMES D. ROYCE
STREET ADDRESS	785 S. VILLAGE DRIVE N. UNIT 102
CITY - ST - ZIP	ST. PETERSBURG, FL 33716
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
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CITY - ST - ZIP	

**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)(f), 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 another like empowered.

SIGNATURE:

JOHN B. COX

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN B. COX - PRESIDENT

June 2, 2002

DATE

813-417-5588

Daytime Phone #

CR2E034B (12/01)