

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

FILED
Apr 09, 2003 8:00 am
Secretary of State

04-09-2003 90199 023 ***150.00

DOCUMENT # P01000084640	
1. Entity Name B&J's AUTOBODY INC.	

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10062928

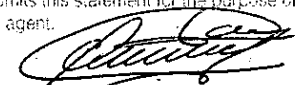
2. Principal Place of Business FLORIDA	3. Mailing Address 4017 BAHIA ISLE CIR
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State WELLINGTON	City & State WELLINGTON FL	4. FEI Number 65-1128575	Applied For ☐ Not Applicable
Zip 33467	Country USA	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

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IN THIS SPACE**

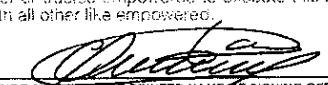
7. Name and Address of Current Registered Agent	
Name JONAS AUGUSTE	
Street Address (P.O. Box Number is Not Acceptable) 4017 BAHIA ISLE CIR	
City WELLINGTON	FL Zip Code 33467

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 04-04-03

January 1 - May 1: Fee is \$150.00 After May 1: Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT JONAS AUGUSTE 4017 BAHIA ISLE CIR WELLINGTON FL 33467	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JONAS AUGUSTE VP 4017 BAHIA ISLE CIR WELLINGTON FL 33467	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER JONAS AUGUSTE 4017 BAHIA ISLE CIR WELLINGTON FL 33467	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.	
SIGNATURE: 	DATE 04-04-03

CR2E034B (12/02)