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 AUTO BODY INC.

10062928

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
FLORIDA
Suite, Apt. #, etc.

3. Mailing Address
4017 BAHIA ISLE CIR
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 — Country —

Zip 33467 Country USA

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 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 _____ 04-04-03
Signature of new or previous registered agent, if applicable (NOTE: Registered Agent signature required when reinstated) DATE

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

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	JONAS AUGUSTE VP 4017 BAHIA ISLE CIR WELLINGTON FL 33467
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER JONAS AUGUSTE 4017 BAHIA ISLE CIR WELLINGTON FL 33467
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/02)

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: _____ 04-04-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #