

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000115874

1. Entity Name

JUPITER FOOD & FUEL, INC.

Principal Place of Business

1001 NORTH ALTERNATE A1A
SUITE 109
JUPITER FL 33477

Mailing Address

1001 NORTH ALTERNATE A1A
SUITE 109
JUPITER FL 33477

2. Principal Place of Business

3 NE Pine Island Rd

Suite, Apt. #, etc.

3. Mailing Address

3 NE Pine Island Rd

Suite, Apt. #, etc.

City & State

Cape Coral FL

City & State

Cape Coral, FL

Zip 33909

Country

Zip 33909

Country

4. FEI Number

30-0025902

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BLACKBURN, JAMES
1001 NORTH ALTERNATE A1A
SUITE 109
JUPITER FL 33477

Name Mohammad Arman John

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

3 NE Pine Island Rd

City

Cape Coral

FL

Zip Code 33909

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 

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back)

FILE NOW!!! FEE IS \$550.00
After September 13, 2002 Fee will be \$750.00
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 D Delete
NAME BLACKBURN, JAMES
STREET ADDRESS 1001 NORTH ALTERNATE A1A, SUITE 109
CITY-ST-ZIP JUPITER FL 33477

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP Change Addition
NAME Mohammed Arman John
STREET ADDRESS 3 NE Pine Island Rd
CITY-ST-ZIP Cape Coral, FL 33909

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

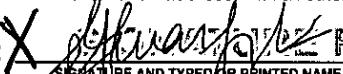
TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/27/02 (239) 772-7548

Daytime Phone #

CF2E034 (4/02)

2002 UBR