FILED

## 2002 UNIFORM BUSINESS REPORT (UBR)

## Apr 23, 2002 8:00 am Secretary of State P01000120871 DOCUMENT # 1. Entity Name 04-23-2002 90370 032 \*\*\*150.00 J&A ENGLISH ENTERPRISES INC Principal Place of Business Mailing Address 1225 ENGLISH LANE P O BOX 760 WESTVILLE FL 32464 GENEVA AL 36340 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent .7. Name and Address of New Registered Agent Name ELLENBURG, LISA N Street Address (P.O. Box Number is Not Acceptable) 1236 ENGLISH LANE WESTVILLE FL 32464 City Zip Code 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 and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE ☐ Change ☐ Addition NAME ENGLISH, JOHN NAME 1225 ENGLISH LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WESTVILLE FL 32464 CITY-ST-ZIP ST TITLE ☐ Delete TITLE Change ☐ Addition ENGLISH, ANGELA NAME NAME STREET ADDRESS 1225 ENGLISH LANE STREET ADDRESS CITY-ST-ZIP WESTVILLE FL 32464 CITY-ST-ZIP ☐ Delete TITLE Change "Addition" NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE □ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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