2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

1700 FOXBORO DRIVE

DOCUMENT # P0200001442

1. Entity Name

Principal Place of Business

1700 FOXBORO DRIVE

J & B HOLDINGS OF CENTRAL FLORIDA, INC.



FILED Feb 13, 2003 8:00 am Secretary of State

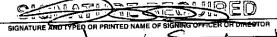
02-13-2003 90252 043 ***150.00

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ORLANDO FL 32812		ORLAND	ORLANDO FL 32812										
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2. Principal Pla	ce of Busines	88	J. Mailin	g Address ·									
Suite, Apt. #, etc.		Suite,	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES						
			City &	City & State %.				El Number					lied For
City & State								80-6	0018	18:			Applicable
Zip		Zip	Country			1	5. Certificate of Status Desired \$8.75 Additional Fee Required						
·	6. Name a	nd Address of Curre	nt Registered	Agent			7. N	lame and Add	iress of Ne	w Regist	ered Ag	ent	
		in the second of the second				Name	~~~ <u>~</u>		# moreone				
SANTORO,	JOSEPH J	•	Street Address				(P.O. Box Number is Not Acceptable)						
	Boro Drive										4		
ORLANDO FL 32812				City					 -		FL	Zip Code	
	_					1		ant or both in	the State (of Florida	-	l miliar with, a	and accept
8. The above the obligation	named entity ons of registe	submits this statement red agent,	t for the purpo	se of changing its	register	ed office or regist	ereo age	ent, or both, ii	Title State (or rionad			
SIGNATURE _					- B - inner	nd Agent signature requi	ired when re	einstating)			DATE		
<u> </u>		r printed name of registered ag	ent and title if applic	cable. (NOTI	E: Registere	ad Agent signature redu							
After	May 1, 2003	FEE IS \$150.00 3 Fee will be \$550.0	00						on Campaig Fund Contri		ing		May Be to Fees
Make Check Payable to Florida Department of Sta				19	11.		AD	DDITIONS/CH	IANGES TO	OFFICE	RS AND I	DIRECTORS	3 IN 11
10.	D	OFFICERS AI	ND DIRECTOI	Delete	TITI							☐ Change	☐ Addition
TITLE NAME	_	, Joseph Jr			NAI								
STREET ADDRESS	1700 FOXE	BORO DRIVE				EET ADDRESS Y-ST-ZIP							
CITY-ST-ZIP	ORLANDO	FL 32812			TIT					_		☐ Change	☐ Addition
TITLE	D D	CORERT C III	,	☐ Delete	NAI								
NAME STREET ADDRESS	BUKNO, T	erbert C III Wood Lane			STI	REET ADDRESS							
CITY-ST-ZIP		TA GA 30004			CIT	Y-ST-ZIP						Change	Addition
TITLE			_	☐ Delete	ΤIT	l l						☐ Cliange	LJ Addition
NAME		. a waa ee w	سيحد وهدين	الميار المحارضين والمعارضين		ME REET ADDRESS	n						
STREET ADDRESS						Y-ST-ZIP				<u> </u>			
CITY-ST-ZIP	 			☐ Delete	111	LE						☐ Change	Addition
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CITY-ST-ZIP						TY-ST-ZIP						Change	☐ Addition
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STREET ADDRESS CITY-ST-ZIP					CI	TY-ST-ZIP							
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NAME	1					ME							
STREET ADDRESS					- 1	REET ADDRESS							
CITY-ST-ZIP					CI	TY-ST-ZIP	n Section	n 119 07(3)(i).	Florida Sta	tutes. I fu	rther cer	tify that the	information

12. Thereby certify that the information supplied with this filling 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:



3/7/03 407-281-0665 Daytime Phone # CHZE034 (10/02)