



FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90947 009 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000025851			
1. Entity Name J & S PALMS, INC.			
Principal Place of Business 11904 N GROVEWOOD ROAD THONOTOSASSA, FL 33592		Mailing Address 11904 N GROVEWOOD ROAD THONOTOSASSA, FL 33592	
2. Principal Place of Business		3. Mailing Address P.O. Box 1977	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State SPRINGER FL	
Zip	Country	Zip	Country
33583		33583	FL
4. FEI Number 03-0400014		Applied For Not Applicable	
5. Certificate of Status Desired		5. Certificate of Status Desired	
		8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
TAYLOR, IVY D 14261 HOLINESS CHURCH RD DOVER, FL 33527		Name Street Address (P.O. Box Number is Not Acceptable) City FL 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when submitting)			
DATE			
FILE NOW!!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEPHENS, JULIE 11904 N GROVEWOOD ROAD THONOTOSASSA, FL 33592	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAYLOR, IVY D JR 14261 HOLINESS CHURCH RD DOVER, FL 33527	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D/S
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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:  4/8/03 8132992719			

CR2034 (10/02)