


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

04-18-2003 90152 041 \*\*\*150.00

<b>DOCUMENT #</b> P02000046489			
<b>1. Entity Name</b> J & J ENTERPRISES OF PALM HARBOR, INC.			
<b>Principal Place of Business</b> 595 MAIN ST. DUNEDIN FL 34698		<b>Mailing Address</b> 595 MAIN ST. DUNEDIN FL 34698	
<b>2. Principal Place of Business</b> 300 OLD OAK CIRCLE		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
<b>City &amp; State</b> PALM HARBOR, FL.		<b>City &amp; State</b>	
<b>Zip</b> 34683	<b>Country</b> USA	<b>Zip</b>	<b>Country</b>
<b>4. FEI Number</b> 02-0592435		<b>Applied For</b> <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  HUBBARD, JOHN G 595 MAIN ST. DUNEDIN FL 34698		<b>7. Name and Address of New Registered Agent</b>  Name: JERRY HASIUK Street Address (P.O. Box Number is Not Acceptable)  300 OLD OAK CIRCLE City: PALM HARBOR FL Zip Code: 34683	
<b>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.</b> <i>JERRY HASIUK</i>			
<b>SIGNATURE</b> <i>[Signature]</i>		<b>DATE</b> 4-15-03	
<small>Signature, typed or printed name of registered agent and title if applicable</small>		<small>(NOTE: Registered Agent's signature required when registering)</small>	
<b>FILE NOW!!! FEE IS \$150.00</b> After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT</b> JERRY HASIUK 300 OLD OAK CIRCLE PALM HARBOR, FL 34683 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>VICE PRESIDENT</b> JOHN DIOREGGIO 3482 KINGS ROAD UNIT #25-101 PALM HARBOR, FL 34685 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>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 Block 11 if changed, or on an attachment with an address, with all other like empowered.</b>			
<b>SIGNATURE:</b> <i>[Signature]</i>		<b>DATE</b> 4-15-03 <b>Daytime Phone #</b> (727) 403-1630	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	

CR2E034 (10/02)