

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 26, 2006 8:00 am
Secretary of State

01-26-2006 90048 002 ***150.00

DOCUMENT # P02000092720
1. Entity Name
J AND B ENTERPRISES OF ST. AUGUSTINE, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
410 5TH STREET		Suite, Apt. #, etc.	
City & State ST. AUGUSTINE, FL		City & State	
Zip 32084-1412	Country ST JOHNS	Zip	Country

60006756

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2072638		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name CRANDELL, JOHN U., JR.	
Street Address (P.O. Box Number is Not Acceptable) 410 SMITH STREET	
City ST. AUGUSTINE	FL Zip Code 32084

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

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRANDELL, JOHN U., JR. 410 5TH STREET ST. AUGUSTINE, FL 32084	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRANDELL, BARBARA C. 410 5TH STREET ST. AUGUSTINE, FL 32084	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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)(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 on an attachment with an address, with all other like empowered.

SIGNATURE _____

JOHN U. CRANDELL, JR.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

904 543-8500

Daytime Phone #