

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

FILED
Jan 25, 2008 8:00 am
Secretary of State

01-25-2008 90020 046 ***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.		Suite, Apt. #, etc.	
City & State		City & State	
ST AUGUSTINE, FL			
Zip	Country	Zip	Country
32084			

40010029 ✓

DO NOT WRITE IN THIS SPACE

4. FEI Number		Applied For	
54-2072638		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	Zip Code
ST. AUGUSTINE	332084

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

Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11.

TITLE	D	TITLE	
NAME	CRANDELL, JOHN U. JR.	NAME	
STREET ADDRESS	410 5TH STREET	STREET ADDRESS	
CITY-ST-ZIP	ST. AUGUSTINE, FL 32084	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	CRANDELL, BARBARA C.	NAME	
STREET ADDRESS	410 5TH STREET	STREET ADDRESS	
CITY-ST-ZIP	ST. AUGUSTINE, FL 32084	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 #

1-21-08