

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

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90159 044 ***150.00

DOCUMENT # *P02000107351*

1. Entity Name

J3L Rescreen & Repair



DO NOT WRITE IN THIS SPACE

10075707

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7613 Lemon Wood CT

Suite, Apt. #, etc.

3. Mailing Address

7613 Lemon Wood CT

Suite, Apt. #, etc.

City & State

TAMPA, FLA

City & State

TAMPA FLA

4. FEI Number

81-0572300

Applied For

Not Applicable

Zip

33625

Country

USA

Zip

33625

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

VIRGIL DIAZ

Street Address (P.O. Box Number is Not Acceptable)

7613 Lemon Wood CT

City

TAMPA

FL

Zip Code

33625

**DO NOT WRITE
IN THIS SPACE**

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
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
*PRESIDENT
VIRGIL DIAZ
7613 LEMON WOOD CT
TAMPA, FLA 33625*

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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: *VIRGIL DIAZ*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/03

Date

813-920-5626

Daytime Phone #

CR2E034B (12/02)