

# 2003 UNIFORM BUSINESS REPORT (UBR)

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

05-05-2003 91805 031 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

|                                                                             |                       |                                                                                  |                       |
|-----------------------------------------------------------------------------|-----------------------|----------------------------------------------------------------------------------|-----------------------|
| DOCUMENT # <b>P020000118589</b>                                             |                       |                                                                                  |                       |
| 1. Entity Name <b>J&amp;J Sealing And Painting</b>                          |                       |                                                                                  |                       |
| Principal Place of Business<br><b>4480 Rosea Court<br/>Naples, Fl 34104</b> |                       | Mailing Address<br><b>3570 Cartwright Court<br/>Bonita Springs, Fl<br/>34134</b> |                       |
| 2. Principal Place of Business<br><b>4480 Rosea Court</b>                   |                       | 3. Mailing Address<br><b>3570 Cartwright Court</b>                               |                       |
| Suite, Apt. #, etc.                                                         |                       | Suite, Apt. #, etc.                                                              |                       |
| City & State<br><b>Naples, Florida</b>                                      |                       | City & State<br><b>Bonita Springs, Florida</b>                                   |                       |
| Zip<br><b>34104</b>                                                         | Country<br><b>USA</b> | Zip<br><b>34134</b>                                                              | Country<br><b>USA</b> |
| 4. FEI Number<br><b>55-0825477</b>                                          |                       | Applied For<br><input type="checkbox"/> Not Applicable                           |                       |
| 5. Certificate of Status Desired <input type="checkbox"/>                   |                       | \$8.75 Additional Fee Required                                                   |                       |

|                                                                                                                            |  |                                                                                                                                         |  |
|----------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------|--|
| 6. Name and Address of Current Registered Agent<br><b>William Somers<br/>PO BOX 3039<br/>Bonita Springs, Florida 34133</b> |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> 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.

SIGNATURE

Printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

|                                                                                                                                                       |                                                                                                               |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/> | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|

| 11. OFFICERS AND DIRECTORS                                                                                                                           |                                 | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |                                                                   |
|------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP<br><b>President<br/>John Kujawski<br/>3570 Cartwright Court<br/>Bonita Springs, Florida 34134</b> | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                   | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                   | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                   | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                   | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                   | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

13. 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 in 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 manager or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an express, with all other like empowered.

SIGNATURE:

PRINTED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone