

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000072722

1. Entity Name

J AND J GARAGE, INC.

**FILED**  
**May 24, 2000 8:00 am**  
**Secretary of State**

05-24-2000 90094 006 \*\*\*150.00

Principal Place of Business	Mailing Address
4477 122ND AVENUE NORTH UNIT #1 CLEARWATER FL 34622 US	4477 122ND AVENUE NORTH UNIT 1 CLEARWATER FL 33762-4401 US

2. Principal Place of Business	3. Mailing Address
4481 122ND AVE N. #10	3051 UNION ST. N

Suite, Apt. #, etc.	Suite, Apt. #, etc.
UNIT 0	N/A

City & State	City & State
CLEARWATER FL.	ST. PETE, FLORIDA

Zip	Country	Zip	Country
34622	PINELLAS	33713	PINELLAS



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
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ALFORD, JOHN F 4477 122ND AVENUE NORTH UNIT 1 CLEARWATER FL 33762	Name
	JOHN ALFORD
	Street Address (P.O. Box Number is Not Acceptable)
	3051 UNION ST. N
	City
	ST. PETERSBURG, FL
	FL
	Zip Code
	33713

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	<i>John F. Alford</i> PRESIDENT	DATE	4/30/00
Signature typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
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TITLE	PTS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALFORD, JOHN F		NAME		
STREET ADDRESS	3051 UNION ST N		STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG FL		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:	<i>John F. Alford</i> PRESIDENT	DATE	4/30/00	DAYTIME PHONE #	727-821-8507
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

CR2E034 (9/97)