

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90115 042 ***150.00

0626314 AV

DOCUMENT # **P93000076507**

1. Entity Name
JR & ST INC.



Principal Place of Business
**1057 COLLINGSWOOD BLVD
SUITE B
PORT CHARLOTTE FL 33953
US**

Mailing Address
**P O BOX 380731
MURDOCK FL 33938
US**



2. Principal Place of Business

17506 BRIGHTON AVE

3. Mailing Address

Suite, Apt. #, etc.

A

Suite, Apt. #, etc.

City & State

Port Charlotte FL

City & State

4. FEI Number

65-0447741

Applied For

Not Applicable

Zip

33953

Country

USA

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**GRAHAM, SUZANNE
2180 SHILO ST
PORT CHARLOTTE FL 33980**

7. Name and Address of New Registered Agent

Name

Graham Suzanne T.

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

17506 Brighton Ave

City

Port Charlotte

FL

Zip Code

33953

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

Suzanne T. Graham

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/21/03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRAHAM, JAMES R 280 SHILO ST. PORT CHARLOTTE FL 33980	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRAHAM, SUZANNE T 280 SHILO ST. PORT CHARLOTTE FL 33980	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

SIGNATURE:

Suzanne T. Graham

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/03

Date

941/629/6669

Daytime Phone #

CR2E034 (10/02)