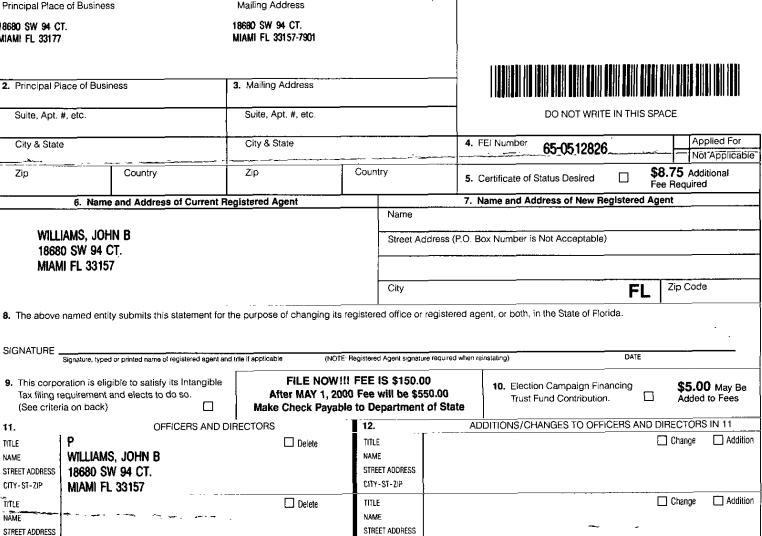
## JNIFORM BUSINESS REPORT (UBR) DOCUMENT # **P94000045468** JOHN B. SERVICES, INC. Principal Place of Business Mailing Address 18680 SW 94 CT. 18680 SW 94 CT. MIAMI FL 33157-7901 MIAM! FL 33177 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Country Zip 6. Name and Address of Current Registered Agent Name WILLIAMS, JOHN B 18680 SW 94 CT.

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

## **FILED** May 23, 2000 8:00 am Secretary of State

05-23-2000 90270 046 \*\*\*150.00



(See crite	ria on back)		маке Спеск Рауарів	to Department of	State				
11.	OFFICERS AND DIRECTORS			12.	ADC	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WILLIAMS, JOHN B 18680 SW 94 CT. MIAMI FL 33157		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-2IP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		_	☐ Change	☐ Addition	
TITLE NAME Street address City-St-Zip			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
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City

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

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 eath; 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 13 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**MIAMI FL 33157** 

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

SIGNATURE

G OFFICER OR DIRECTOR

CR2E034 (9/99)