

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91494 046 ***150.00

DOCUMENT # P94000058474

1. Entity Name

J&B DIFRANCESCO, INC.

Principal Place of Business

**2221 SPRINGS LANDING BLVD
 LONGWOOD FL 32779**

Mailing Address

**2221 SPRINGS LANDING BLVD
 LONGWOOD FL 32779**

2. Principal Place of Business

635 SAMANTHA LANE

3. Mailing Address

635 SAMANTHA LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LAKE MARY FL

City & State

LAKE MARY FL

Zip

Country

32746
FLORIDA

Zip

Country

32746
FLORIDA

4. FEI Number

59-3284437

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

DIFRANCESCO, JOEY

**2221 SPRINGS LANDING BLVD
 LONGWOOD FL 32779**

7. Name and Address of New Registered Agent

Name

Gina Mowery

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

635 SAMANTHA LANE

City

LAKE MARY

FL

Zip Code

32746

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

[Signature of Gina Mowery]

(Type or 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) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PSD	<input checked="" type="checkbox"/> Delete
NAME	DIFRANCESCO, JOEY	
STREET ADDRESS	2221 SPRINGS LANDING BLVD	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	DIFRANCESCO, JOSEPH C	
STREET ADDRESS	2221 SPRINGS LANDING BLVD.	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	DIFRANCESCO, BEANADETTE	
STREET ADDRESS	2221 SPRINGS LANDING BLVD	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gina Mowery	
STREET ADDRESS	635 SAMANTHA LANE	
CITY-ST-ZIP	LAKE MARY FL 32746	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

[Signature of Gina Mowery]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/02 (407) 310-3912

Date

Daytime Phone #

CR2E034 (9/01)