04-21-2003 90427 048 \*\*\*150.00

Applied For

2003	<b>FOR</b>	<b>PROFIT</b>	CORPO	RATION
UNIFO	RM B	USINESS	REPO	RT (UBR)

P95000007792 DOCUMENT # 1. Entity Name

J & J TRUCKING & GRADING, INC.



Principal Place of Business 4376SUGARPINE DR **BOCA RATON FL 33487** 

Mailing Address 4376SUGARPINE DR **BOCA RATON FL 33487** 

Principal Place of Business	3. Mailing Address	3. Mailing Address			
Suite, Apt. #, etc.	Suite, Apt. #, etc.				
City & State	City & State				



CHECK HERE IF MAKING CHANGES

J., 2 J.2.2		0.0, 0.0.0.0	0.0, 0.0.000		4. 1 CENTRO	65-0568307		Applied Tol
				_		00-000001	Г	Not Applicabl
Zip	Country	Zip	Coun	try	5. Certificate of Status Desired - \$8.75		Additional	
	6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent			lanca	
ELA KEITH V		,		Name				

4376 SUGAR PINE DR **BOCA RATON FL 33487** 

SIGNATURE

Name	teres rig	<u> </u>
Street Address (P.O. Box Number is Not Acceptable)		
City	FL	Zip Code

Trust Fund Contribution.

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, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00

(NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing

EEI Number

\$5.00 May Be Added to Fees

After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State

10.	OFFICERS AND I	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT KEITH ALLEN ELY 4376 SUGAR PINE DR BOCA RATON FL 33487	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY=ST-ZIP	PTV JUDITH DIANE CALIN-ELY 4376 SUGAR PINE DR BOCA RATON:FL-33487	☐ Delete	TITLE NAME STREET ADDRESS _CITY_ST-ZIP_3		☐ 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
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		☐ Change	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.