2002 UNIFORM BUSINESS REPORT (UBR)							FILED 100 2002 9:00 am				
DOCUMENT # P9500058885 1. Entity Name J P SHEET METAL, INC.							Jan 08, 2002 8:00 am Secretary of State				
							01-08-2002 500	707 021	150.0	,,,	
Dringing Dig			N-T Add		-	_					
Principal Place of Business Mailing Address											
7515 STRATFORD BLVD 2164 TURNBERRY DR. ORALANDO FL 32807 OVIEDO FL 32765						1,	DUU	NAA	้ ปี		
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Principal Place of Business 3. Mailing Address					 ,	\dashv					
Suite, Apt. #, etc. Suite, Apt. #, etc.							TOO NOT WRITE IN THIS SPACE A COMME				
City & State City & State							4 FEI Number Applied For				
Zip Country			Zip Cour		ntry		59-3328071	_ \$	No. 8.75 Add	t Applicable]
	The same of a second se		Little Control of the				Certificate of Status Desired	<u> </u>	ee Require		<u>.</u>
	6. Name	and Address of Current F	legistered Agent		Name	7. 1	Name and Address of New Reg	istered A	jent		-
PAGAN, JULIO					Street Address (P.O. Box Number is Not Acceptable)						-
2164 TURNBERRY DRIVE					*						┨
OVIEDO I	FL 32765						1017				
•					City			FL	Zip Code	9	
8. The above	named entit	y submits this statement for	the purpose of changing its	registere	d office or regi	stered ag	ent, or both, in the State of Floric	a.			1
SIGNATURE .	Signature, typed	or printed name of registered agent er	nd title if applicable. (NOTI	E: Registered	Agent signature req	uired when re	einstating)	DATE			
9. This corpo	oration is elig	ible to satisfy its Intangible	FILE NOW!	!! FFF	S \$150.00						1
Tax filing requirement and elects to do so. After May 1, 2002					Fee will be \$550.00		- 10. Election Campaign Financing				
	na on back)		Make Check Payab		partment of S						1
11.		OFFICERS AND D		12.	1	AD	DITIONS/CHANGES TO OFFICE				l _⊊
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CITY-ST-ZIP					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 all other like empowered. NING DEFICED OF DIRECTOR **SIGNATURE:**

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

☐ Delete

☐ Change

Addition