## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # **P95000064957** Apr 24, 2000 8:00 am Secretary of State 1. Entity Name J & B JANHKING, INC. 04-24-2000 90027 033 \*\*\*150.00 Mailing Address Principal Place of Business 1225 ALPINE LAKE DRIVE 1225 ALPINE LAKE DRIVE BRANDON FL 33511 BRANDON FL 33511-1898 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 59-3339907 Not Applicable \$8.75 Additional Zip Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ند درسادهاسي JOHNSON, BRENDA J Street Address (P.O. Box Number is Not Acceptable) 1225 ALPINE LAKE DRIVE **BRANDON FL 33511** Zip Code 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 OFFICERS AND DIRECTORS 12. 11. PRESIDENT ☐ Change Addition TITLE 💹 Delete TITLE JOHNSON. BRENDA NAME Johnson, Jeffcry J NAME STREET ADDRESS 1225 ALPINE LAKE DRIVE 1225 ALPINE LAKE DAIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BRANDON FI 335// BRANDON FL 33511 Change ☐ Addition TITLE VILE PRESIDENT ☐ Delete TITLE JOHNSON, BRENDA NAME 1995 ALDINE LAKE DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BRANDON F13351/ CITY-ST-7/P ☐ Addition Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE TITLE ☐ Delete Walter Bridge NAME NAME Market St. Mark STREET ADDRESS STREET ADDRESS 阿斯特里斯 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition □ Defete TITLE NAME NAME STREET ADDRESS 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

Johnson 4-17-00