

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 14, 2001 8:00 am**  
**Secretary of State**

05-14-2001 90051 002 \*\*\*150.00

**DOCUMENT # P96000027058**

1. Entity Name

**F & J ENTERPRISES GROUP, INC.**

Principal Place of Business

**LABOR GIANT DBA  
 2000 N DIXIE HWY  
 HOLLYWOOD FL 33020**

Mailing Address

**LABOR GIANT DBA  
 2000 N DIXIE HWY  
 HOLLYWOOD FL 33020**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0663924**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LEWIS, FRANCES  
 5096 NW 14TH AVE  
 POMPANO BEACH FL 33020**

Name

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

City

**FL**

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

Signature, typed 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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	TD	<input type="checkbox"/> Delete
NAME	MCLAUGHLIN, FRANK H	
STREET ADDRESS	2062 SUNSET PT RD, UNIT #63	
CITY-ST-ZIP	CLEARWATER FL 33765	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MCLAUGHLIN, JO ANN	
STREET ADDRESS	2062 SUNSET PT RD, UNIT #63	
CITY-ST-ZIP	CLEARWATER FL 33765	
TITLE	PDM	<input type="checkbox"/> Delete
NAME	LEWIS, FRANCES	
STREET ADDRESS	5096 NE 14TH AVE	
CITY-ST-ZIP	POMPANO BEACH FL 33064	
TITLE	VD	<input type="checkbox"/> Delete
NAME	COLON, ROSA	
STREET ADDRESS	5096 NE 14TH AVE	
CITY-ST-ZIP	POMPANO BEACH FL 33064	
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"/> 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
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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:** *Frances Lewis* **Frances Lewis**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-30-01**  
 Date

**(954) 927-6070**  
 Daytime Phone #

CR2E034 (10/00)