

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000090421

Entity Name
& J SEAL, INC.

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90138 021 ***150.00

Principal Place of Business
**14 LOWE ROAD
LEESBURG FL 34748**

Mailing Address
**214 LOWE ROAD
LEESBURG FL 34748**

Principal Place of Business **3. Mailing Address**

Suite, Apt. #, etc. **4. FEI Number**

59-3413191

Applied For
Not Applicable

City & State **5. Certificate of Status Desired**

\$8.75 Additional
Fee Required

Zip Country **6. Name and Address of Current Registered Agent**

7. Name and Address of New Registered Agent

**SEAL, DONALD B
214 LOWE ROAD
LEESBURG FL 34748**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

1. 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, 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**

12. **ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE **P** Delete
NAME **SEAL, DONALD B**
STREET ADDRESS **214 LOWE ROAD**
CITY-ST-ZIP **LEESBURG FL 34748**

TITLE Change Addition
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE **VPST** Delete
NAME **SEAL, JOANN**
STREET ADDRESS **214 LOWE ROAD**
CITY-ST-ZIP **LEESBURG FL 34748**

TITLE Change Addition
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE Delete
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE Change Addition
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE Delete
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE Change Addition
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE Delete
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE Change Addition
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE Delete
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE Change 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: *Donald B. Seal* **DONALD B. SEAL** **FEB. 3, 2002 352-383-6104**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)