## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Aug 15, 2003 8:00 am Secretary of State

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1. Entity Name J. B. CANVAS INC.    Principal Place of Business	DOCU	MENT # P960	00092494		07-09-2003 90	039 028 ***150.00
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Suite. Apt. #, etc.   Suite. Apt. #, etc.   Great Residence   Grea	U\$		05			
City & State  City Country  Country  Country  Country  S. Certricate of States Deared Set Feedback  See First Address of Current Registered Agent  Name and Address of Current Registered Agent  Name and Address of New Registered Agent  Name  Street Address (PO. Sox Number is Not Acceptable)  City  FL Zip Code  City  FL NoWITH FEE IS \$550.00  After September 10, 2000 Fice will be \$1760.00  Address City Service Agent Ag	2. Principal F	Place of Business	3. Mailing Address		- CAUSENDER HAR FLEND SEINE BEHAN BONN TONNE T	.2016
Zip   Country   Zip   Country   S. Certificate of Status Desired   S. Additional For Required   S. Name and Address of Current Registered Agent   Name   N	Suite, Apt.	#, etc.		·	<u> </u>	ING CHANGES
8. Certificate of sistants beared  8. Certificate of sistants beared  8. Certificate of sistants beared  8. The Month of Page Required  8. The Address of New Registered Agent  Street Address (P.O. Box Number is Not Acceptable)  City  City  City  City  City  FL  Zip Code  City	City & Stat	е	City & State		4. FEI Number 65-0730569	Not Applica
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BUXTON, JEFFREY A 982 RW \$3 ST FT. LAUDERDALE FL 33309  City  City  FL  Zip Code  6. The above named antity 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, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of FLORIDA accepts and the State of Florida agent acc		6. Name and Address of Curre	nt Registered Agent	. Name	7. Name and Address of New Register	ed Agent
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Ety PL Zip Code  8. The above named antily 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 change of registered agent, or both, in the State of Florida. I am familiar with, and accept the change of registered agent, or both, in the State of Florida. I am familiar with, and accept the change of registered agent, or both, in the State of Florida. I am familiar with, and accept the change of registered agent, or both, in the State of Florida. I am familiar with, and accept the change of Florida part and the registered agent, or both, in the State of Florida. I am familiar with, and accept the change of Florida part and the registered agent, or both, in the State of Florida. I am familiar with, and accept the change of Florida part and the change of Florida part and the registered agent, or both, in the State of Florida. I am familiar with, and accept the change of Florida part and the change of Florida part and the state of Florida part and the change of Florida part and the florida part and the change of Florida part and the change of Florida part and the florida	962 NW 5	33 ST		Street Address	s (P.O. Box Number is Not Acceptable)	
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12. I hereby certify that the information supplied with this filling 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 dissessmoother than the receiver of the corporation of the receiver or dissessmoother than the receiver of the corporation of the receiver of the r	CITY-ST-ZIP	·	<u>.</u>	CITY-ST-ZIP		
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attachment

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## JB CANVAS 962 NW 53 ST FORT LAUDERDALE FLORIDA,33309 954-491-2757

To Whom It May Concern:

I am writing this letter in response to the late fees for my corporate renewal. Reference number: p96000092494

The first notice that we received was to late notice, we sent in a letter explaining that with a check for \$150 for our renewal. Please consider our request to have the late fees waived as our corporation has always been in good standing with the state.

Thankiyou,

Jeff Buxton, president, jb canvas