

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2000 8:00 am
Secretary of State

02-05-2000 90024 046 ***150.00

DOCUMENT # P97000002482

1. Entity Name

J & J ELECTRONICS OF ORLANDO, INC

Principal Place of Business

Mailing Address

6325 N OBT. SUITE 131
 ORLANDO FL 32810

6325 N OBT. SUITE 131
 ORLANDO FL 32810

2. Principal Place of Business

1920 Olivia Circle

Suite, Apt. #, etc.

3. Mailing Address

1920 Olivia Circle

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Apopka, Florida

City & State

Apopka, Florida

4. FEI Number

59-3404243

Applied For

(Not Applicable)

Zip

32703

Country

Orange

Zip

32703

Country

Orange

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

LYDICK, RUTH
 1920 OLIVIA CIRCLE
 APOPKA FL 32703

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

Ruth Lydick Ruth Lydick

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

1/31/00

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, 2000 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOWNSBROUGH, JOHN	NAME	
STREET ADDRESS	1920 OLIVIA CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	APOPKA FL 32703	CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	VP <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEMPFER, BRIAN	NAME	Kempfer, Brian
STREET ADDRESS	3507 SUMMER HAVEN LANE	STREET ADDRESS	1444 Wildwood St.
CITY-ST-ZIP	APOPKA FL 32703	CITY-ST-ZIP	Apopka, FL 32703
TITLE	ST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LYDICK, RUTH	NAME	
STREET ADDRESS	1920 OLIVIA CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	APOPKA FL 32703	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:

Ruth Lydick
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #