

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P97000003859**

1. Entity Name

J & J TILESETTERS, INC.**FILED**
Mar 07, 2001 8:00 am
Secretary of State

03-07-2001 90611 018 ***150.00

0448520

Principal Place of Business

P.O. BOX 462 SOUTHWOOD
LAKE CITY FL 32056

Mailing Address

P.O. BOX 462 SOUTHWOOD
LAKE CITY FL 32056

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3420830**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐**\$8.75** Additional
Fees Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BOCANEGRA, JESUS A
RT. 14 BOX 237E
LAKE CITY FL 32024

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 State10. 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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	P	BOCANEGRA, JESUS A	P.O. BOX 462 SOUTHWOOD ACRES LAKE CITY FL 32056	VP	RIMERT, AMOS	RR 14 BOX 497 LAKE CITY, FL 32024	
	ST	NICKELSON, DARRELL J	RT. 14 BOX 237-E LAKE CITY FL 32056	VP	JESUS BOCANEGRA, JR	RR 15 BOX 3256 LAKE CITY, FL 32024	

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:

Darrell J. Nickelson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR*DARRELL J NICKELSON*3/4/01
Date

Daytime Phone #

CR2E034 (10/00)