

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90138 049 ***150.00

DOCUMENT # P97000003859

1. Entity Name
J & J TILESETTERS, INC.

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 Fee 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, 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 **BOCANEGRA, JESUS A**
 STREET ADDRESS **P.O. BOX 462 SOUTHWOOD ACRES**
 CITY-ST-ZIP **LAKE CITY FL 32056**

TITLE **V** ☐ Change ☒ Addition
 NAME **HAUG, PAUL C**
 STREET ADDRESS **RT 6 BOX 248**
 CITY-ST-ZIP **LAKE CITY, FL 32025**

TITLE **ST** ☒ Delete
 NAME **NICKELSON, DARRELL J**
 STREET ADDRESS **RT. 29 BOX 2308**
 CITY-ST-ZIP **LAKE CITY FL 32024**

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

TITLE **V** ☒ Delete
 NAME **RIMERT, AMOS**
 STREET ADDRESS **RR14 BOX 497**
 CITY-ST-ZIP **LAKE CITY FL 32024**

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

TITLE **V** ☒ Delete
 NAME **BOCANEGRA, JESUS JR.**
 STREET ADDRESS **RR15 BOX 3256**
 CITY-ST-ZIP **LAKE CITY FL 32024**

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

TITLE **V** ☒ Delete
 NAME **SPEARS, JIMMY E**
 STREET ADDRESS **P.O. BOX 661**
 CITY-ST-ZIP **FT WHITE FL 32038**

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

TITLE **V** ☐ Delete
 NAME **KEITHLY, BRIAN A**
 STREET ADDRESS **RR 29 BOX 2354**
 CITY-ST-ZIP **LAKE CITY FL 32024**

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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JESUS A BOCANEGRA

Date

Daytime Phone #

4/29/02

CR2E034 (9/01)