

2000 UNIFORM BUSINESS REPORT (UBR)

P8192

0623411

DOCUMENT # P97000045645

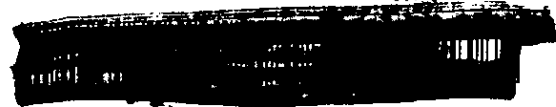
1. Entity Name
PROPERTIES BY J.J.J. INC.

FILED
00 JUN 23 PM 6:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
10025 SCARLETT COURT 10025 SCARLETT COURT
BROOKSVILLE FL 34613-4042 BROOKSVILLE FL 34613-4042

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State 4. FEI Number 59-3446213 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

JOSEPH, JAMES J
10025 SCARLETT COURT
BROOKSVILLE FL 34613-4042

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JOSEPH, JAMES J. 10025 SCARLETT CT BROOKSVILLE FL 34613 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	800003327538 -07/19/00--01035--012 ***150.00 ***150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: James J. Joseph **JAMES J. JOSEPH** 6-5-00 1-352 597 9412
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

(6) (1) 7.0 2.3

SP

08292 6-5-00

TO Whom IT MAY CONCERN:

A LITTLE OVER 2
MONTHS AGO, I HAD TO GO IN FOR EMERGENCY
HEART SURGERY. I WAS SO UPSET BY ALL OF
THIS THAT I SOME HOW OVER LOOKED THESE
TWO TAX NOTICES. I FOUND THEM TODAY UNDER
SOME PAPERS. SO I CALLED YOUR OFFICE TODAY
AND TALKED WITH A LADY AND SHE SAID TO WRITE
A LETTER TODAY WITH MY CHECKS - NOW -

ALSO I HAVE NEVER BEEN LATE WITH
MY TAXES BEFORE - YOU CAN CHECK WITH THE STATE
- ~~SALO'S TAX DEPARTMENT~~ - MY CERTIFICATE NUMBER
IS #37-02-015021-82-5 FOR MIDWAY PLAZA - BROOKSVILLE
FL.

Sincerely yours

JAMES J. JOSEPH

10025 SCARLETT COURT

BROOKSVILLE FL. 34613-4042

1-352-597-9412