

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 13, 2003 8:00 am**  
**Secretary of State**

01-13-2003 90130 002 \*\*\*150.00

DOCUMENT # P97000098763

1. Entity Name

JJB INTERNATIONAL, INC.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

21 OLD KINGS RD NORTH

3. Mailing Address

21 OLD KINGS RD NORTH

Suite, Apt. #, etc.

SUITE B211

Suite, Apt. #, etc.

SUITE B211

City & State

PALM COAST, FL

City & State

PALM COAST, FL

4. FEI Number

59-3479949

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name ELLISON, WILLIAM W.

Street Address (P.O. Box Number is Not Acceptable)

2 MADEIRA COURT

City PALM COAST,

FL

Zip Code  
32137

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
ELLISON, WILLIAM W. (DIRECTOR) 2 MADEIRA COURT PALM COAST, FL 32137			
MANHEIMER, JOHN J. (DIRECTOR) #3 AVENUE MONET PALM COAST, FL 32137			
CASTELLANO, MICHAEL (DIRECTOR) 103 PARK LANE WEST HARRISON, NY 10604			
			<b>DO NOT WRITE IN THIS SPACE</b>

12. 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 10 or on an attachment with an address, with all other officers, directors, and employees.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/07/03

386 447 8210

Daytime Phone #

CR2E034B (12/02)