

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P97000099459**

1. Entity Name  
**J & S MANAGEMENT, INC.**



Principal Place of Business  
**1902 BOYNTON BAY COURT  
BOYNTON BEACH FL 33435**

Mailing Address  
**1902 BOYNTON BAY COURT  
BOYNTON BEACH FL 33435**

2. Principal Place of Business  
**3968 August DR.**  
Suite, Apt. #, etc.

3. Mailing Address  
**3968 August DR.**  
Suite, Apt. #, etc.

City & State  
**Lake Worth, FL.**  
Zip **33461** Country **USA**

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**Lake Worth, FL.**  
Zip **33461** Country **USA**

4. FEI Number **65-0804238**  Applied For  
 Not Applicable

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

**MARCHETTI, JERI A  
1902 BOYNTON BAY COURT  
BOYNTON BEACH FL 33435**

Name

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

**3968 August DR.  
Lake Worth FL 33461**

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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
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**

**11.**

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>MARCHETTI, JERI A 1902 BOYNTON BAY CT BOYNTON BCH FL 33435</b>	<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	<b>V</b> <b>MARCHETTI, FRANK 1902 BOYNTON BAY CT BOYNTON BEACH FL 33435</b>	<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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE *Jeri A. Marchetti* **Jeri A. MARCHETTI** **561-659-0117**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARCH 5, 2003 Daytime Phone #

CR2E034 (10/02)