

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2000 8:00 am
Secretary of State

01-29-2000 90002 045 ***150.00

DOCUMENT # P97000106561

1. Entity Name

JJS ENTERPRISES, INC.

Principal Place of Business

Mailing Address

3212 WASHINGTON ROAD
 AUGUSTA GA 30907

P O BOX 1149
 AUBORN AL 36831-1149
 US



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

58-2365452

Applied For

Not Applied

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

**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525**

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, 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 Delete
 NAME **ST DONNETT, TRACI**
 STREET ADDRESS **901 BERTOAM, CT**
 CITY-ST-ZIP **AUGUSTA GA 30909**

TITLE Change Addition
 NAME **Secretary/Treasurer**
 STREET ADDRESS **Ceresa Credle**
 CITY-ST-ZIP **1122 Lec Rd 270 #25**
Cusseta, Al. 36952

TITLE Delete
 NAME **P COHEN, GERALD**
 STREET ADDRESS **630 1ST AVE. APT. 146**
 CITY-ST-ZIP **NEW YORK NY 10016**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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TITLE Delete
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 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. I hereby certify that the information indicated on this report of the corporation or changed, or on an officer or director, is true and correct. If filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information and accuracy of this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if I am an officer or director and am duly authorized to sign on behalf of the corporation.

SIGNATURE:

[Handwritten Signature]
 Pres

Date

Daytime Phone #

[Handwritten Date] *[Handwritten Phone Number]*