

FILED
Mar 07, 2003 8:00 am
Secretary of State

02-24-2003 90235 019 ***150.00

2/24

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

DOCUMENT # <i>P 98 0000 106 13</i>	
1. Entity Name <i>J + J TRIM CARPENTRY, INC.</i>	

55014445

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2. Principal Place of Business <i>712 110th Ave N.</i>		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>Naples, FL</i>		City & State	
Zip <i>34108</i>	Country <i>USA</i>	Zip	Country

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DO NOT WRITE IN THIS SPACE	4. FEI Number <i>59-3490824</i>		Applied For ☐ Not Applicable
	5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
	7. Name and Address of Current Registered Agent		
	Name <i>John Fletcher</i> Street Address (P.O. Box Number is Not Acceptable) <i>712 110th Ave N.</i> City <i>Naples, FL</i> Zip Code <i>34108</i>		

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 *X* Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering.) 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
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10. OFFICERS AND DIRECTORS			
TITLE <i>P</i>	NAME <i>Fletcher, John</i>	TITLE	NAME
STREET ADDRESS <i>712 110th Ave N.</i>	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP <i>Naples, FL 34108</i>	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
TITLE <i>VPS</i>	NAME <i>Fletcher, Margaret</i>	TITLE	NAME
STREET ADDRESS <i>712 110th Ave N.</i>	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP <i>Naples, FL 34108</i>	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
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IN THIS SPACE**

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, like empowered.

SIGNATURE: *X* *John Fletcher* 3-04-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)