

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000017124

1. Entity Name

CJ2B, INC.

Principal Place of Business

Mailing Address

2611 OLD OKEECHOBEE ROAD  
WEST PALM BEACH FL 33409

2611 OLD OKEECHOBEE ROAD  
WEST PALM BEACH FL 33409-4146

2. Principal Place of Business

3. Mailing Address

1752 Latham Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

West Palm Beach, FL

Zip

Country

Zip

Country

33409

Palm Beach

4. FEI Number 65-0812639

Applied For

Not Applied

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

STEWART, JAMES H  
6746 MASSACHUSETTS DRIVE  
LAKE WORTH FL 33462

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 ☒ Added to Fee

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P  
NAME STEWART, JAMES H  
STREET ADDRESS 6746 MASSACHUSETTS DRIVE  
CITY-ST-ZIP LAKE WORTH FL 33462 ☐ Delete

TITLE V  
NAME SWADER, JACK  
STREET ADDRESS 6171 ROYAL BIRKDALE DRIVE  
CITY-ST-ZIP LAKE WORTH FL 33463 ☐ Delete

TITLE S  
NAME STEWART, BETTE J  
STREET ADDRESS 6746 MASSACHUSETTS DRIVE  
CITY-ST-ZIP LAKE WORTH FL 33462 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE Vice Pres.  
NAME Dexter L. Grooms  
STREET ADDRESS 1228 S. Congress Ave  
CITY-ST-ZIP Delray Beach, FL. 33444 ☐ Change ☒

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES H. STEWART 1/12/00

Date

Daytime Phone #

FILED  
Feb 08, 2000 8:00 am  
Secretary of State

02-08-2000 90043 039 \*\*\*158.75



DO NOT WRITE IN THIS SPACE