# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**May 10, 2001 8:00 am**
**Secretary of State**
05-10-2001 90130 029 ***150.00

DOCUMENT # P98000036067 ✓

1. Entity Name

J.B. Concepts Inc.

| Principal Place of Business | Mailing Address |
|---|---|
| 2529 NE 5th Ave. Pompano Beach, Fl. 33064 | 2081 NE 25 ST. Lighthouse Point, Fl 33064 |

A0063022

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 2529 NE 5th Ave | 2081 NE 25 ST |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Pompano Beach Fl 33064 | City & State: Lighthouse Pt. Fl |
| Zip: 33064 Country: USA | Zip: 33064 Country: USA |

4. FEI Number: 650832756 ☐ 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 |
|---|---|
| Blodig Mandun J. Esq<br>Greenspoon Mandun Hirshfeld PA<br>100 West Cypress Creek Rd #700<br>Ft Laud. Fl. 33309 | Name: ~~Blodig~~ Gregory J. Esq<br>Street Address (P.O. Box Number is Not Acceptable): ~~Greenspoon, Marder, Hirshfield P.A.~~<br>~~100 West Cypress Creek Rd #700~~<br>City: ~~Ft Laud. Fl~~ **FL** Zip Code: ~~33309~~ |

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, 2001 Fee will be $550.00
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 / NAME / STREET ADDRESS / CITY-ST-ZIP | PRESIDENT<br>Judith Deveau<br>2081 NE 25 ST<br>Lighthouse Pt. Fl 33064 | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | V. Pres.<br>William Bradshaw<br>2081 NE 25 ST.<br>Lighthouse Pt. Fl 33064 | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |
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| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |

CR2E034 (11/00)

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

**SIGNATURE:** V. Pres William Bradshaw 4-20-01 954-784-9137
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #