

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 24, 2003 8:00 am**  
**Secretary of State**

03-24-2003 91007 001 \*\*\*600.00

03/24/03 AV

**DOCUMENT # P98000036096**

1. Entity Name  
**JB MAINTENANCE & SUPPLY, INC.**



Principal Place of Business

~~1426 N. STATE RD. 7~~  
~~MARGATE FL 33063~~

Mailing Address

~~1426 N. STATE RD. 7~~  
~~MARGATE FL 33063~~

2. Principal Place of Business

**75 S.W. 10th St**  
Suite, Apt. #, etc.

3. Mailing Address

**75 SW 10th St**  
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State  
**Deerfield Beach**

City & State  
**Deerfield Bch FL**

4. FEI Number **65-0845351**

Applied For  
Not Applicable

Zip **FL 33441** Country **BROWARD**

Zip **33441** Country **BROWARD**

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**BULLIS, JAMES P**  
~~1426 N. STATE RD. 7~~  
~~MARGATE FL 33063~~

7. Name and Address of New Registered Agent

Name

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

**8699 Saw Pine Road**

City

**Delray Beach**

**FL**

Zip Code

**33446**

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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BULLIS, JAMES P</b>	
STREET ADDRESS	<del>1426 N. STATE RD. 7</del>	
CITY-ST-ZIP	<del>MARGATE FL 33063</del>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>BULLIS, DIANA</b>	
STREET ADDRESS	<del>1426 N. STATE RD. 7</del>	
CITY-ST-ZIP	<del>MARGATE FL 33063</del>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>8699 Saw Pine Road</b>	
CITY-ST-ZIP		
TITLE	<b>Delray Beach</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	<b>FL 33446</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:** SIGNATURE ACQUIFER BULLIS Pres 3/18/03  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)