

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****May 12, 2000 8:00 am**  
**Secretary of State**

05-12-2000 90092 005 \*\*\*150.00

B0091146

DO NOT WRITE IN THIS SPACE

<b>DOCUMENT #</b> P98000070909			
<b>1. Entity Name</b> J.B. Autos Inc.			
<b>Principal Place of Business</b> 4609 35th Ct. E. Bradenton, FL 34203		<b>Mailing Address</b> 4609 35th Ct. E. Bradenton, FL 34203	
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
<b>4. FEI Number</b> 105-0856518		<b>Applied For</b> <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> Joseph Belluomo 4609 35th Ct. E. Bradenton, FL 34203		<b>7. Name and Address of New Registered Agent</b>	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		FL	Zip Code
<b>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.</b>			
<b>SIGNATURE</b> Signature, typed or printed name of registered agent and title if applicable: (NOTE: Registered Agent signature required when reinstating) DATE			
<b>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.</b> <input checked="" type="checkbox"/> (See criteria on back)		<b>FILE NOW!!! FEE IS: \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	
<b>10. Election Campaign Financing</b> <input type="checkbox"/> Trust Fund Contribution.		<b>\$5.00 May Be Added to Fees</b>	
<b>11. OFFICERS AND DIRECTORS</b>		<b>12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
<b>TITLE</b> President	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b> Joseph Belluomo		<b>NAME</b>	
<b>STREET ADDRESS</b> 4609 35th Ct. E.		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b> Bradenton, FL 34203		<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	
<b>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.</b>			
<b>SIGNATURE:</b>		4.29.00	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2E034 (9/99)