

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 13, 2003 8:00 am**  
**Secretary of State**

01-13-2003 90069 012 \*\*\*150.00

**DOCUMENT # P98000077506**

1. Entity Name  
**JBI, INC.**



Principal Place of Business  
**3041 N.E. 48TH STREET  
LIGHTHOUSE POINT FL 33064**

Mailing Address  
**3041 N.E. 48TH STREET  
LIGHTHOUSE POINT FL 33064**



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

Zip Country

CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0875633** Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**FILINGS; INC.  
3732 N.W. 16TH STREET  
FT. LAUDERDALE FL 33311-4132**

7. Name and Address of New Registered Agent

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. 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	
TITLE	<input type="checkbox"/> Delete
NAME	<b>D BIGGIE, JOHN JR</b>
STREET ADDRESS	<b>3041 N.E. 48TH STREET</b>
CITY-ST-ZIP	<b>LIGHTHOUSE POINT FL 33064</b>
TITLE	<input type="checkbox"/> Delete
NAME	<b>D MENDENHALL, ELIZABETH</b>
STREET ADDRESS	<b>3041 N.E. 48TH STREET</b>
CITY-ST-ZIP	<b>LIGHTHOUSE POINT FL 33064</b>
TITLE	<input type="checkbox"/> Delete
NAME	<i>Legal Name</i>
STREET ADDRESS	<i>Change Due to Marriage</i>
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	<i>Elizabeth Hughes</i>
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	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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	
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 OF ELIZABETH HUGHES  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/9/03*  
Date

*991 786 0266*  
Daytime Phone #

CR2E034 (10/02)

Attachment  
DTC # P9800077506  
70007089

— The Sunshine State —

DRIVER LICENSE CLASS E (1)



**Florida**

ELIZABETH HUGHES

1262 SE 2ND AVENUE  
DEERFIELD BEACH, FL 33441-6808

BIRTH DATE	SEX	HGT.	REST.	ENDORSE
01-23-73	F	5-04		

ISSUED	EXPIRES	DUPLICATE
10-06-98	01-23-06	06-06-02

R05G208080179

Operation of a motor vehicle constitutes consent to any sobriety test required by law