

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90049 024 ***150.00

DOCUMENT # 909 000084438	
1. Entity Name J + J Consultants, INC.	

DO NOT WRITE IN THIS SPACE

40044665

2. Principal Place of Business 408 S. Hwy 22A Suite, Apt. #, etc.	3. Mailing Address SAME Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

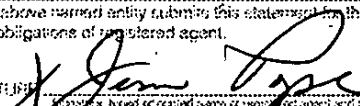
City & State PARKER, FL.	City & State SAME
Zip 32404	Zip SAME
Country BAY	Country SAME

4. FEI Number 59-3534408	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

8. This 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  **3-29-05**
Printed Name, Title, and Address of Registered Agent (Required when registering) DATE

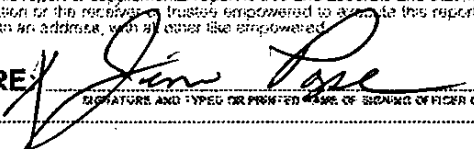
January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

8. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS			
TITLE President	NAME Jimmy R. Pope	TITLE	NAME
STREET ADDRESS 408 S. Hwy 22A	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY - ST - ZIP PARKER, FL. 32404	CITY - ST - ZIP	CITY - ST - ZIP	CITY - ST - ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(c), 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, trustee, or assignee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with or without like empowerment.

SIGNATURE  **3-29-05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

CR2E034B (12/02)