

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000013978**

1. Entity Name

FS+J+Company INC.

05-24-2002 91338 039 ***150.00
P99000013978

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

**3258 W. Hillsboro Blvd. 3258 W. Hillsboro Blvd.
DEERFIELD Gb. FL. 33442 DEERFIELD Gb. FL. 33442**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0894188

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

HARRY O. JENKINS JR.

3640 N. FEDERAL HWY

WIGHTMAN PT. FL. 33064

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.

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 \$160.00

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PRES	☐ Delete	TITLE	☐ Change ☐ Addition
NAME JAMES STALLONE		NAME	
STREET ADDRESS 3258 W. Hillsboro Blvd.		STREET ADDRESS	
CITY-ST-ZIP DEERFIELD Gb. FL. 33442		CITY-ST-ZIP	
TITLE V/P	☐ Delete	TITLE	☐ Change ☐ Addition
NAME Robert Stallone		NAME	
STREET ADDRESS 3258 W. Hillsboro Blvd.		STREET ADDRESS	
CITY-ST-ZIP DEERFIELD Gb. FL. 33442		CITY-ST-ZIP	
TITLE Asst. TREAS	☐ Delete	TITLE	☐ Change ☐ Addition
NAME Frank Stallone		NAME	
STREET ADDRESS 3258 W. Hillsboro Blvd.		STREET ADDRESS	
CITY-ST-ZIP DEERFIELD Gb. FL. 33442		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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*****150.00 ***150.00**

Handwritten signature/initials

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:

SIGNATURE REQUIRED

James Stallone pres.

4/11/02

954 570-6666

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #