


**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90178 028 ***150.00

DOCUMENT # **P99000030692**

1. Entity Name
J&S SPORTING INSTALLATIONS, INC.



Principal Place of Business
~~1846 SHANNON LAKE DR.~~
MIDDLEBURG FL 32068

Mailing Address
P.O. BOX 16952
JACKSONVILLE FL 32245-6952

2. Principal Place of Business
184 Circuit Rider Ct.
Suite, Apt. #, etc.

3. Mailing Address
184 Circuit Rider Ct.
Suite, Apt. #, etc.

City & State
Green Cove Springs FL

City & State
Green Cove Springs FL

Zip
32043

Country
USA

CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3568234**

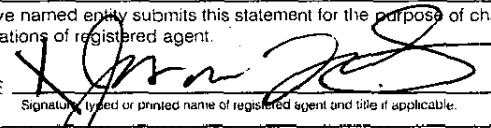
Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
FOGARTY, JAMES M
~~1846 SHANNON LAKE DR.~~
MIDDLEBURG FL 32068

7. Name and Address of New Registered Agent
Name **Fogarty, James M**
Street Address (P.O. Box Number is Not Acceptable)
184 Circuit Rider Ct.
City **Green Cove Springs** FL Zip Code **32043**

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  **James M. Fogarty** DATE **4-12-03**

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

***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 NAME STREET ADDRESS CITY-ST-ZIP | DPVS FOGARTY 1846 SHANNON LAKE DR. MIDDLEBURG FL 32068 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T FOGARTY 1846 SHANNON LAKE DR. MIDDLEBURG FL 32068 | <input type="checkbox"/> Delete |
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 184 Circuit Rider Green Cove Springs FL 32043 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 184 Circuit Rider Green Cove Springs FL 32043 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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:  **James M. Fogarty** President **4-12-03** 904-282-0522