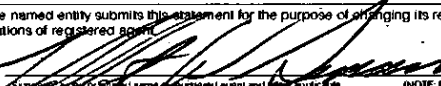
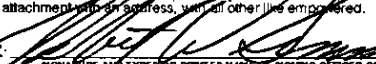


FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90177 018 ***150.00

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

DOCUMENT # P99000036835			
1. Entity Name J & B AUTO AIR, INC.			
Principal Place of Business 751 N MILLS AVENUE ORLANDO, FL 32803		Mailing Address 751 N MILLS AVENUE ORLANDO, FL 32803	
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 59-3571007		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CHUTE, JAMES D 1626 E. COLONIAL DRIVE ORLANDO, FL 32803		7. Name and Address of New Registered Agent Name Robert W. Simmons Street Address (P.O. Box Number is Not Acceptable) 609 Driver Avenue City Winter Park FL Zip Code 32789	
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  DATE 4/12/03 (NOTE: Registered Agent Signature required when reappointing)			
FILE NOW!!! FEE IS \$150.00 After May 12, 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D ☒ Delete NAME CHUTE, JAMES D STREET ADDRESS 1626 E. COLONIAL DRIVE CITY-ST-ZIP ORLANDO, FL 32803		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE D ☐ Delete NAME SIMMONS, ROBERT W STREET ADDRESS 609 DRIVER AVE. CITY-ST-ZIP WINTER PARK, FL 32789		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE ☐ Change ☐ 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, name, or other lines empowered.			
SIGNATURE:  DATE 4/12/03 407-415-7002		Daytime Phone #	

CR2034 (10/02)