

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 19, 2000 8:00 am**  
**Secretary of State**

06-19-2000 90007 030 \*\*\*150.00

DOCUMENT # **P99000070259**  
 1. Entity Name  
**F. J. J. C., INC**

**80102657**

Principal Place of Business      Mailing Address  
**1533 Keeling Drive**  
**Deltona, FL 32738**

2. Principal Place of Business      3. Mailing Address  
**1533 Keeling Drive**      **1533 Keeling Drive**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

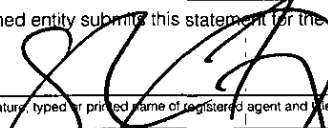
DO NOT WRITE IN THIS SPACE

City & State      City & State  
**Deltona, FL**      **Deltona, FL**  
 Zip      Country      Zip      Country  
**32738**      **U.S.**      **32738**      **U.S.**

4. FEI Number      Applied For  
**59-3590289**       Not Applicable  
 5. Certificate of Status Desired       **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**Stephen E. Franz**  
~~**1533 Keeling Drive**~~  
**Deltona, FL 32738**

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.  
 SIGNATURE       DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.   
**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> Delete
NAME	
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	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Treasurer/Secretary</b>
STREET ADDRESS	<b>Heather C. Coon</b>
CITY-ST-ZIP	<b>1533 Keeling Drive</b> <b>Deltona, FL 32738</b>
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	

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:  **Heather C. Coon**      Date **5/31/00**      Daytime Phone # **(904) 532-1854**

CR2E034 (9/99)

P9 9000 44259

00102657

Form **8822**  
(Rev. Oct. 1997)  
Department of the Treasury  
Internal Revenue Service

### Change of Address

Please type or print.

See instructions on back. Do not attach this form to your return.

#### Part I Complete This Part To Change Your Home Mailing Address

Check ALL boxes this change affects:

- Individual income tax returns (Forms 1040, 1040A, 1040EZ, 1040NR, etc.)
  - ▶ If your last return was a joint return and you are now establishing a residence separate from the spouse with whom you filed that return, check here
- Gift, estate, or generation-skipping transfer tax returns (Forms 706, 709, etc.)
  - ▶ For Forms 706 and 709-NA, enter the decedent's name and social security number below.
  - ▶ Decedent's name: \_\_\_\_\_ Social security number: \_\_\_\_\_

3a Your name (first name, initial, and last name)  
Stephen E. Franz

3b Your social security number  
593 4051 0867

4a Spouse's name (first name, initial, and last name)  
\_\_\_\_\_

4b Spouse's social security number  
\_\_\_\_\_

5 Prior name(s). See instructions.  
\_\_\_\_\_

6a Old address (no., street, city or town, state, and ZIP code). If a P.O. box or foreign address, see instructions.  
370 S. White Cedar, Sanford, FL 32771

6b Spouse's old address, if different from line 6a (no., street, city or town, state, and ZIP code). If a P.O. box or foreign address, see instructions.  
\_\_\_\_\_

7 New address (no., street, city or town, state, and ZIP code). If a P.O. box or foreign address, see instructions.  
1533 Keeling Drive, Deltona, FL 32738

#### Part II Complete This Part To Change Your Business Mailing Address or Business Location

Check ALL boxes this change affects:

- Employment, excise, and other business returns (Forms 720, 940, 940-EZ, 941, 990, 1041, 1065, 1120, etc.)
- Employee plan returns (Forms 5500, 5500-C/R, and 5500-EZ). See instructions.
- Business location

11a Business name  
F I L C I N C

11b Employer identification number  
59 359 0289

12 Old mailing address (no., street, city or town, state, and ZIP code). If a P.O. box or foreign address, see instructions.  
370 S. White Cedar, Sanford, FL 32771

13 New mailing address (no., street, city or town, state, and ZIP code). If a P.O. box or foreign address, see instructions.  
1533 Keeling Drive, Deltona, FL 32738

14 New business location (no., street, city or town, state, and ZIP code). If a foreign address, see instructions.  
1533 Keeling Drive, Deltona, FL 32738

#### Part III Signature

Daytime telephone number of person to contact (optional) 904 532-1854

Please Sign Here

Your signature \_\_\_\_\_ Date \_\_\_\_\_

If joint return, spouse's signature \_\_\_\_\_ Date \_\_\_\_\_

If Part II completed, signature of owner, officer, or representative \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_