

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90137 007 ***150.00

DOCUMENT # P99000099050

1. Entity Name
CCJB, INC.

Principal Place of Business: **RT. 4, BOX 40 BONIFAY FL 32425**
 Mailing Address: **RT. 4, BOX 40 BONIFAY FL 32425-9804**

2. Principal Place of Business: **1024 Waukesha St**
 Suite, Apt. #, etc.
 3. Mailing Address: **2124 Happy Hollow Rd**
 Suite, Apt. #, etc.

City & State: **Bonifay FL**
 Zip: **32425** Country: **USA**
 City & State: **Bonifay FL**
 Zip: **32425** Country: **USA**

4. FEI Number: **59 362 0836**
 Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent
KENT, CHARLES E JR.
RT. 4, BOX 40
BONIFAY FL 32425

7. Name and Address of New Registered Agent
 Name: **Same**
 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: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$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: P	<input type="checkbox"/> Delete
NAME: KENT, CHARLES E SR.	
STREET ADDRESS: RT. 4, BOX 40	
CITY-ST-ZIP: BONIFAY FL 32425	
TITLE: V	<input type="checkbox"/> Delete
NAME: KENT, CHARLES E JR.	
STREET ADDRESS: RT. 4, BOX 40	
CITY-ST-ZIP: BONIFAY FL 32425	
TITLE: S	<input type="checkbox"/> Delete
NAME: KENT, JULIE M	
STREET ADDRESS: RT. 4, BOX 40	
CITY-ST-ZIP: BONIFAY FL 32425	
TITLE: T	<input type="checkbox"/> Delete
NAME: KENT, BECKY	
STREET ADDRESS: RT. 4, BOX 40	
CITY-ST-ZIP: BONIFAY FL 32425	
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 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:	
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:  DATE: **4-27-00** DAYTIME PHONE #: **850-547-4473**

CR2E034 (9/99)