2000 UNIFORM BUSINESS REPORT (UBR) FILED Mar 02, 2000 8:00 am **DOCUMENT # V11773 Secretary of State** J & J ENTERPRISES OF TALLAHASSEE INC. 03-02-2000 90095 020 ***150.00 Principal Place of Business Mailing Address PO BOX 768 PO BOX 768 **QUINCY FL 32353-0768** QUINCY FL 32353 817081 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3123369 Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired \Box Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DOLL, JOHN & MCINTYRE, JERRY Street Address (P.O. Box Number is Not Acceptable) 217 WALLACE DR (PO BOX 768) QUINCY FL 32353 Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 (9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Change TITLE ☐ Delete ~ NAME MCINTYRE, JERRY STREET ADDRESS STREET ADDRESS 217 WALLACE DRIVE CITY-ST-ZIP CITY-ST-ZIF **QUINCY FL** ☐ Delete Change ☐ Addition TITLE NAME NAME DOLL, JOHN STREET ADDRESS STREET ADDRESS 110-13 8TH AVE SE CITY-ST-ZIP CITY-ST-ZIP HAVANNA FL Addition ☐ Change TITLE 🗕 - 🔲 Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

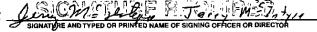
SIGNATURE:

CITY-ST-ZIP

CITY-ST-7IP

TITLE

NAME STREET ADDRESS



☐ Delete

2 - 25-00

950-87<u>5-</u>48<u>68</u>

☐ Change

☐ Addition