2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F44288

1. Entity Name

JONBO CORPORATION

FILED
Apr 19, 2000 8:00 am
Secretary of State
04-19-2000 90027 025 ***150.00

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
JAMES C. STEWART. JR.. ESQUIRE 1805 COUNTY ROAD. 951 SOUTH GOLDEN GATE FL 33999	PO BOX 2447 BONITA SPRINGS FL 34133-2447 US

2. Principal Place of Business	3. Mailing Address
4720 SE 15th Ave	4720 SE 15th Ave
Suite, Apt. #, etc. #201	Suite, Apt. #, etc. #201
City & State: Cape Coral FL	City & State: Cape Coral FL
Zip: 33904 Country: USA	Zip: 33904 Country: USA

4. FEI Number 34-1349050 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
JOHNSON, BERNARD 4720 SE 15TH AVE SUITE 201 CAPE CORAL FL 33904	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 ____________________
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PSD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	VANUCCI, PETER C.		NAME		
STREET ADDRESS	8221 BRECKSVILLE RD		STREET ADDRESS		
CITY-ST-ZIP	BRECKSVILLE OH		CITY-ST-ZIP		
TITLE	VSD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	JOHNSON, BERNARD		NAME		
STREET ADDRESS	4720 SE 15TH AVE STE 201		STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL FL		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (9/99)

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: [signature] 4/5/00 941-542-1542
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Bernard Johnson