## **2002 UNIFORM BUSINESS REPORT (UBR)**

## Mar 12, 2002 8:00 am **Secretary of State** DOCUMENT # L20219 1. Entity Name 03-12-2002 90285 043 \*\*\*150.00 JUBILEE RESTORATION CORPORATION Principal Place of Business Mailing Address 811 N GRANDVIEW 811 N GRANDVIEW MT DORA FL 32757 MT DORA FL 32757 US US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2972456 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BOARDMAN, CRAIG, C Street Address (P.O. Box Number is Not Acceptable) 811 N GRANDVIEW MT DORA FL 32757 City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 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 11. 12. Addition TITLE ☐ Defete BOARDMAN, CRAIG, C -Name 811 N GRANDVIEW STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MT DORA FL CITY-ST-ZIF TITLE VTD ☐ Delete ☐ Change ☐ Addition BOARDMAN, KAREN, B STREET ADDRESS STREET ADDRESS 811 N GRANDVIEW CITY-ST-ZIP CITY-ST-ZIP MT DORA FL TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS \_CITY-ST-ZIP\_ -CITY-ST-ZIP---☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete Change STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-ST-ZIP

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date