2000 UNIFORM BUSINESS REPORT (UBR)

FILED Jul 10, 2000 08:00 AM DOCUMENT # N9900001137 1. Entity Name **Secretary of State** THE JOBSITE THEATER, INC. Principal Place of Business Mailing Address 8002 NORTH 13TH STREET 8002 NORTH 13TH STREET FL TAMPA FL TAMPA 33604 33604 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 59-3561564 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name **JENKINS** 8002 NORTH 13TH STREET Street Address (P.O. Box Number is Not Acceptable) TAMPA FL33604 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. 07/10/2000 **SIGNATURE** Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) ญ็หญ่≥าเก็ ก็เรียกได้ FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. **FEE IS \$61.25** Added to Fees Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE Delate TITLE X Addition NAME NAME HOLCOM CHRISTOPHER J STREET ADDRESS STPEET ADDRESS 6607 MARKSTOWN DR. APT. A CITY-ST-ZIP CITY-ST-ZIP TAMPA 33617 TITLE ☐ Delete D | Change ☐ Addition NAME NAME EVANS JASON **EVANS** JASON STREET ADDRESS 415 24TH AVE., APT. B STREET ADDRESS 3007 HIGHLAND AVE. N. CITY-ST-ZIP ST. PETERSBURG 33704 CITY-ST-ZIP TAMPA 33603 TITLE ☐ Delete TITLE TREA X Change Addition NAME NAME STEFFAN FESSENDEN ALAN FESSENDEN STREET ADDRESS 13408 THOMASVILLE CIR. STREET ADDRESS 13408 THOMASVILLE CIR. CITY-ST-ZIP CITY-ST-ZIP TAMPA FL. 33617 TAMPA \mathbf{FL} 33617 TITLE SD ☐ Delete TITLE XI Change ☐ Addition NAME JOHN JOHN STREET ADDRESS 13408 THOMASVILLE CIR. STREET ADDRESS 13408 THOMASVILLE CIR. CITY-ST-ZIF TAMPA 33617 CITY-ST-ZIP TAMPA 33617 TITLE ☐ Delete TITLE D VICE. X Change ☐ Addition NAME MICHAEL. NAR/F CABAN MICHAEL. CABAN STREET ADDRESS 407 E. HANNA AVE. STREET ADDRESS 3007 HIGHLAND AVE, N. CITY-ST-ZIP TAMPA 33604 CITY-ST-ZIP TAMPA EL. 33603 TITLE ☐ Delete TITLE CHAI XI Change ☐ Addition NAME **JENKINS JENKINS** STREET ADDRESS 8002 NORTH 13TH STREET STREET ADDRESS 8002 NORTH 13TH STREET

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^{12.} 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

PAUL HERMAN RELLER - AT LARGE 305 1/2 CLIFTON ST. E.

TAMPA, FL, 33604