2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2001 8:00 am
Secretary of State
03-26-2001 90160 006 ***150.00

DOCUMENT # P00000047673

1. Entity Name
~~JOBOB HOLDINGS, INC.~~ WEKIVA ONE

Principal Place of Business	Mailing Address
~~662 PINE SHADOW COURT~~	~~662 PINE SHADOW COURT~~
~~LONGWOOD FL 32779~~	~~LONGWOOD FL 32779~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
405 DOUGLAS AVE	405 DOUGLAS AVE
Suite, Apt. #, etc.: SUITE 1955	Suite, Apt. #, etc.: SUITE 1955
City & State: ALTAMONTE SPGS	City & State: ALTAMONTE SPGS
Zip: 32714 Country: SEMINOLE	Zip: 32714 Country: SEMINOLE

4. FEI Number 59-3649459 ☐ 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
~~SALYER, JOE R~~ WALTER E. JUDGE	Name: Correct To: ~~Salyer Joe P.~~ WALTER E. JUDGE
~~662 PINE SHADOW COURT~~ 405 DOUGLAS AVE	Street Address (P.O. Box Number is Not Acceptable): 405 DOUGLAS AVE
~~LONGWOOD FL 32779~~ SUITE 1955	SUITE 1955
ALT SPGS, FLA 32714	City: ALTAMONTE SPRINGS FL Zip Code: 32714

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.

~~JOE P SALYER, DIRECTOR~~

SIGNATURE [signature] [signature] 3-20-01
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, 2001 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	D	☐ Delete	TITLE	PRESIDENT	☐ Change ☒ Addition
NAME	SALYER, JOE P		NAME		
STREET ADDRESS	662 PINE SHADOW COURT		STREET ADDRESS		
CITY-ST-ZIP	LONGWOOD FL 32779		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	SALYER, BOBBIE		NAME		
STREET ADDRESS	662 PINE SHADOW COURT		STREET ADDRESS		
CITY-ST-ZIP	LONGWOOD FL 32779		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 (10/00)

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.

Joe P. Salyer, Director

SIGNATURE: [signature] March 10, 2001 407-774-1956
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #