
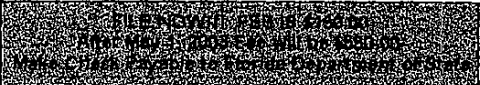


FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90338 036 ***160.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000004125						
1. Entity Name JIM'S CORE SUPPLY, INC.						
Principal Place of Business 1348 W WASHINGTON STREET ORLANDO, FL 32805			Mailing Address 1348 W WASHINGTON STREET ORLANDO, FL 32805			
2. Principal Place of Business			3. Mailing Address 3920 KISSIMMEE PARK ROAD			
Suite, Apt. #, etc.			Suite, Apt. #, etc.			
City & State			City & State ST. CLOUD, FLORIDA		4. FEI Number 26-0019585	
Zip		Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
			34772	USA		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent		
CHAMBLIN, JAMES A 1348 W WASHINGTON STREET ORLANDO, FL 32805				Name		
				Street Address (P.O. Box Number is Not Acceptable) 3920 KISSIMMEE PARK ROAD		
				City ST. CLOUD, FL Zip 34772		
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. I am familiar with, and accept the obligations of registered agent.						
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when attending)</small>						
				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D CHAMBLIN <input type="checkbox"/> Delete			TITLE	CHAMBLIN, JAMES A. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CHAMBLIN, JAMES A			NAME		
STREET ADDRESS	3940 KISSIMMEE PARK ROAD			STREET ADDRESS		
CITY-ST-ZIP	ST CLOUD, FL 34772			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME		
STREET ADDRESS				STREET ADDRESS		
CITY-ST-ZIP				CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME		
STREET ADDRESS				STREET ADDRESS		
CITY-ST-ZIP				CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME		
STREET ADDRESS				STREET ADDRESS		
CITY-ST-ZIP				CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME		
STREET ADDRESS				STREET ADDRESS		
CITY-ST-ZIP				CITY-ST-ZIP		
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 807, 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.						
SIGNATURE: JAMES A. CHAMBLIN				PRES. 3/10/03 407-957-1047		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>		