

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2003 8:00 am
Secretary of State

02-26-2003 90171 008 ***150.00

DOCUMENT # P02000020640

1. Entity Name
JEDI PROPERTY MANAGEMENT SERVICES, INC.



Principal Place of Business
**400 COPPERSTONE CIR
CASSELBERRY FL 32707**

Mailing Address
**400 COPPERSTONE CIR
CASSELBERRY FL 32707**



2. Principal Place of Business
400 Copperstone Circle
Suite, Apt. #, etc.

3. Mailing Address
400 Copperstone Circle
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
Casselberry, Florida
Zip
32707
Country
USA

City & State
Casselberry, Florida
Zip
32707
Country
USA

4. FEI Number
03-0434262

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**DARLING, JANICE E
400 COPPERSTONE CIR
CASSELBERRY FL 32707**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Janice E. Darling*
Signature, typed or printed name of registered agent and title if applicable.

2/24/03
DATE

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DARLING, JANICE E 400 COPPERSTONE CIR CASSELBERRY FL 32707	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 607, 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: *Janice E. Darling*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/03
Date

407/599-2266
Daytime Phone #

CR2E034 (10/02)