## 2001 UNIFORM BUSINESS REPORT (UBR)

## FILED Mar 14, 2001 8:00 am DOCUMENT # P94000043307 Secretary of State 1. Entity Name JAZZ & JO ENTERPRISES, INC. 03-14-2001 90199 013 \*\*\*150.00 Mailing Address Principal Place of Business 2994 MOORE DR. 2994 MOORE DR. OVIEDO FL 32765 OVIEDO FL 32765 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-3243243 Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name STIRLING, JAMES B Street Address (P.O. Box Number is Not Acceptable) 2994 MOORE DR. OVIEDO FL 32765 Zip Code City 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STIRLING, JAMES B STREET ADDRESS STREET ADDRESS 2994 MOORE DR. CITY-ST-ZIP CITY-ST-ZIP OVIEDO FL 32765 Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME SISTO, JOANNE STREET ADDRESS STREET ADDRESS 2994 MOORE DR. CITY-ST-ZIP CITY-ST-ZIP OVIEDO FL 32765 ☐ Addition Change TITLE Delete TITLE ..... NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change □ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP