

9900 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2000 8:00 am
Secretary of State
 04-03-2000 90189 030 ***150.00

DOCUMENT # P95000022904
 Name
JENNINGS INC.

Place of Business Mailing Address
5711 GOLDEN EAGLE CIRCLE **5711 GOLDEN EAGLE CIRCLE**
PALM BEACH GARDENS FL 33418 **PALM BEACH GARDENS FL 33418-1504**



DO NOT WRITE IN THIS SPACE

1. Place of Business 3. Mailing Address
 Apt. #, etc. Suite, Apt. #, etc.
 State City & State
 Country Zip Country

4. FEI Number Applied For
65-0566125 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
JENNINGS, SUE A
5711 GOLDEN EAGLE CIRCLE
PALM BEACH GARDENS FL 33418

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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: *Sue A Jennings* Title: *President* Date: *3-28-00*
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (Criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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**

OFFICERS AND DIRECTORS

| | |
|---------------------------------|--|
| <input type="checkbox"/> Delete | P JENNINGS, SUE A 5711 GOLDEN EAGLE CIR. PALM BCH. GARDENS FL 33418 |
| <input type="checkbox"/> Delete | |
| <input type="checkbox"/> Delete | |
| <input type="checkbox"/> Delete | |
| <input type="checkbox"/> Delete | |
| <input type="checkbox"/> Delete | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|---|----------------|
| <input type="checkbox"/> Change <input type="checkbox"/> Addition | TITLE |
| | NAME |
| | STREET ADDRESS |
| | CITY-ST-ZIP |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition | TITLE |
| | NAME |
| | STREET ADDRESS |
| | CITY-ST-ZIP |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition | TITLE |
| | NAME |
| | STREET ADDRESS |
| | CITY-ST-ZIP |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition | TITLE |
| | NAME |
| | STREET ADDRESS |
| | CITY-ST-ZIP |

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 stated 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.

SIGNATURE: *Sue A Jennings* Title: *President* Date: *3/28/00* Daytime Phone #: *561-627-2794*

CR2E034 (9/99)