2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000024079

1. Entity Name

JIMSHARE, INC.

FILED
Apr 27, 2000 8:00 am
Secretary of State
04-27-2000 90029 011 ***150.00

Principal Place of Business	Mailing Address
3021 RIDGEDALE CIRCLE VALRICO FL 33594 US	3021 RIDGEDALE CIRCLE VALRICO FL 33594 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
512 Getton ST.	3021 Ridgedale Circle
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tampa Fl.	City & State: Valrico, Fl.
Zip: 33619 Country: Hillsborough	Zip: 33594 Country: Hillsborough

4. FEI Number 59-3405061 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

VOTOUR, JAMES E JR
802 D BAHIA DEL SOL
RUSKIN FL

7. Name and Address of New Registered Agent

Name: Votour, James E & Sharon
Street Address (P.O. Box Number is Not Acceptable): 3021 Ridgedale Circle
City: Valrico **FL** Zip Code: 33594

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 X James E. Votour Presdt Sharon Votour V.P.S.D.
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, 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

11. OFFICERS AND DIRECTORS

TITLE	PD	☐ Delete
NAME	VOTOUR, JAMES E JR	
STREET ADDRESS	3021 RIDGEDALE CIR	
CITY-ST-ZIP	VALRICO FL 33594	
TITLE	VSD	☐ Delete
NAME	VOTOUR, SHARON	
STREET ADDRESS	3021 RIDGEDALE CIR	
CITY-ST-ZIP	VALRICO FL 33594	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
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TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (9/99)

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.

SIGNATURE: [signature] Pres [signature] VP 813-643-1879
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #