## **2002 UNIFORM BUSINESS REPORT (UBR)**

## FILED May 22, 2002 8:00 am § Secretary of State DOCUMENT # P97000015260 1. Entity Name 05-22-2002 90233 043 \*\*\*150.00 JIST DOME, INC. Principal Place of Business Mailing Address 233 WEST LANTANA ROAD , 233 WEST LANTANA ROAD DATTTMA LANTANA FL 33462 LANTANA FL 33462 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0728722 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired $\Box$ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BANKIER, M. ADAM ESQ. Street Address (P.O. Box Number is Not Acceptable) **ELK, BANKER, PALMER & CHRISTU** 4800 N. FEDERAL HWY., SUITE 200E **BOCA RATON FL 33431** City 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. **SIGNATURE** Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9...This corporation is eligible to satisfy its Intangible FILE-NOW!!! FEE IS \$150.00 -10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE CR2E034 (9/01) ☐ Addition Change NAME JANKUN, STEPHEN NAME STREET ADDRESS 233 WEST LANTANA ROAD STREET ADDRESS CITY-ST-ZIP LANTANA FL 33462 CITY-ST-ZIP TITLE Delete TITI F ☐ Change ☐ Addition NAME DOUGLAS, TODD NAME STREET ADDRESS 233 W LANTANA RD STREET ADDRESS CITY-ST-ZIP LAKE WORTH FL 33462 CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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:

Date

Daytime Phone #