

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90080 005 ***150.00

DOCUMENT # P95000095462

1. Entity Name
JUST FUNKIN, INC.

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| Principal Place of Business 1636 MAIN STREET SARASOTA FL 34236 US | Mailing Address 6340 TARAWA DRIVE SARASOTA FL 34241-5640 US |
|--|--|



DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| 2. Principal Place of Business d743 GREENDALE DRIVE Suite, Apt. #, etc. | 3. Mailing Address 5900 S. TAMiami TRAIL Suite/Apt. #, etc. # I |
| City & State SARASOTA FL | City & State SARASOTA FL |
| Zip 34232 | Country USA |
| Zip 34231 | Country USA |

| | |
|---|--|
| 4. FEI Number 65-0634130 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent
LONDONO, G.B.
C/O 5900 S TAMiami TRAIL
STE I
SARASOTA FL 34231

7. Name and Address of New Registered Agent
 Name **CATHERINE L. ASTRONSKAS**
 Street Address (P.O. Box Number is Not Acceptable)
5900 S. TAMiami TRAIL
SUITE I
 City **SARASOTA** FL **34231**

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 *Catherine L. Astronskas* DATE **2-1-00**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

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| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> | 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. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 11. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PTD <input type="checkbox"/> Delete LONDONO, G. B. 2743 GREENDALE DRIVE SARASOTA FL 34232 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VSD <input type="checkbox"/> Delete SHIMA, MICHAEL J. 6340 TARAWA DRIVE SARASOTA FL 34241 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|
| 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 |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: *Catherine L. Astronskas* **FEB 26 2000** 941-379-4161
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/99)