

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000095462

1. Entity Name

JUST FUNKIN, INC.

FILED

Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90080 005 ***150.00

Principal Place of Business
1636 MAIN STREET
SARASOTA FL 34236
US

Mailing Address
6340 TARAWA DRIVE
SARASOTA FL 34241-5640
US

2. Principal Place of Business
2743 GREENDALE DRIVE
SARASOTA FL 34232
USA

3. Mailing Address
5900 S. TAMiami TRAIL
SARASOTA FL 34231
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0634130
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
LONDONO, G.B.
C/O 5900 S TAMiami TRAIL
STE 1
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
(NOTE: Registered Agent signature required when reinstating)

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 | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PTD LONDONO, G. B. 2743 GREENDALE DRIVE SARASOTA FL 34232 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VSD SHIMA, MICHAEL J. 6340 TARAWA DRIVE SARASOTA FL 34241 <input type="checkbox"/> Delete | 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"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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] FEB 26 - 2000 941-379-4161
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)