

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 09, 2002 8:00 am
Secretary of State

09-09-2002 90027 042 ***550.00

DOCUMENT # P95000095462

1. Entity Name
JUST FUNKIN, INC.

Principal Place of Business
 2743 GREENDALE DR
 SARASOTA FL 34232
 US

Mailing Address
 5900 S. TAMiami TRl
 # I
 SARASOTA FL 34231
 US



2. Principal Place of Business
5900 S. TAMiami TRAIL

3. Mailing Address
 Suite, Apt. #, etc.
SUITE I

City & State
Sarasota FL

City & State

4. FEI Number **65-0634130**

Applied For
 Not Applicable

DO NOT WRITE IN THIS SPACE

Zip **34231** Country **USA**

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~ASTONSKAS, CATHERINE L~~
 5900 S TAMiami TRAIL
 STE I
 SARASOTA FL 34231

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. I am familiar with, and accept the obligations of registered agent.

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

9-3-02
 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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 PTD P/D <input type="checkbox"/> Delete	NAME LONDONO, G. B.
STREET ADDRESS 2743 GREENDALE DRIVE	
CITY-ST-ZIP SARASOTA FL 34232	
TITLE VSD <input checked="" type="checkbox"/> Delete	NAME SHIMA, MICHAEL
STREET ADDRESS 6340 TARAWA DRIVE	
CITY-ST-ZIP SARASOTA FL 34231	
TITLE <input type="checkbox"/> Delete	NAME
STREET ADDRESS	
CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete	NAME
STREET ADDRESS	
CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete	NAME
STREET ADDRESS	
CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete	NAME
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME LONDONO, G. B.
STREET ADDRESS 2343 MAIN STREET	
CITY-ST-ZIP SARASOTA FL 34237	
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	
CITY-ST-ZIP	
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	
CITY-ST-ZIP	
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	
CITY-ST-ZIP	
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	
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: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/3/02 (941)362-9073
 Date Daytime Phone #

CR2E034 (4/02)