

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90292 022 ***150.00

DOCUMENT # *P00000033579*

1. Entity Name

Jessima Holding Co. Inc.



DO NOT WRITE IN THIS SPACE

94077251

2. Principal Place of Business

900 Howard Dr. #117

3. Mailing Address

PO Box 3242

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Ponte Vedra Beach FL

City & State

Ponte Vedra Beach FL

4. FEI Number

Applied For

Not Applicable

Zip

32082

Country

U.S.A.

Zip

32004

Country

U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

John Lathan

Street Address (P.O. Box Number is Not Acceptable)

3010 S. Third St.

City

Jacksonville Beach FL

Zip Code

32250

**DO NOT WRITE
IN THIS SPACE**

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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	<i>President</i>
NAME	<i>John Constantino</i>
STREET ADDRESS	<i>PO Box 3242</i>
CITY-ST-ZIP	<i>PVB FL 32004</i>
TITLE	<i>Director</i>
NAME	<i>Pete J. Constantino</i>
STREET ADDRESS	<i>Same</i>
CITY-ST-ZIP	<i>Same</i>
TITLE	<i>Director</i>
NAME	<i>Anna Constantino</i>
STREET ADDRESS	<i>Same</i>
CITY-ST-ZIP	<i>Same</i>
TITLE	<i>Director</i>
NAME	<i>Peter Constantino</i>
STREET ADDRESS	<i>Same</i>
CITY-ST-ZIP	<i>Same</i>
TITLE	<i>Director</i>
NAME	<i>JAMES Constantino</i>
STREET ADDRESS	<i>Same</i>
CITY-ST-ZIP	<i>Same</i>
TITLE	
NAME	
STREET ADDRESS	
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IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)