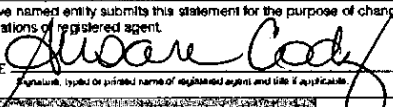
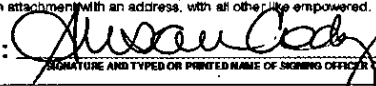


FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90761 048 ***158.75

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 322431					
1. Entity Name JIM CODY, INC.					
Principal Place of Business 5301 E DIANE ST TAMPA, FL 33610 US			Mailing Address PO BOX 31099 TAMPA, FL 33680-0199 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 59-1174460					
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required					
☐ CHECK HERE IF MAKING CHANGES					
6. Name and Address of Current Registered Agent CODY, SUSAN 509 GOODWOOD LUTZ, FL 33649			7. Name and Address of New Registered Agent Name Susan Cody Street Address (P.O. Box Number is Not Acceptable) 13915 Shady Shores Drive City Tampa FL Zip Code 33613		
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  DATE 3-07-2003 (NOTE: Registered Agent's Signature is required when registering.)					
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS					
TITLE	PD	☐ Delete			
NAME	CODY, SUSAN				
STREET ADDRESS	609 GOODWOOD				
CITY-ST-ZIP	LUTZ, FL 33649				
TITLE	VD	☐ Delete			
NAME	MATHES, WILLIAM E				
STREET ADDRESS	13511 GIBBONS PASS				
CITY-ST-ZIP	TAMPA, FL				
TITLE	SD	☐ Delete			
NAME	CODY, CATHERINE D				
STREET ADDRESS	4149 NORTHMEADOW CIR				
CITY-ST-ZIP	TAMPA, FL				
TITLE	VD	☐ Delete			
NAME	BISSONNETTE, PIERCE				
STREET ADDRESS	11518 BALD EAGLE ST				
CITY-ST-ZIP	TAMPA, FL 33626				
TITLE	VD	☐ Delete			
NAME	MATHES, CATHY				
STREET ADDRESS	13511 GIBBONS PASS				
CITY-ST-ZIP	TAMPA, FL				
TITLE		☐ Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE		☐ Change ☐ Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		☐ Change ☐ Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		☐ Change ☐ Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
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 907, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other filers empowered.					
SIGNATURE:  SUSAN CODY 3.7.03					

CR2EC034 (10/02)