

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 643871

FILED
Apr 10, 2003
Secretary of State

Entity Name: JOB OPPORTUNITY BUSINESS SPECIALISTS, INC.

Current Principal Place of Business:

797 DOUGLAS AVE.
ALTAMONTE SPRINGS, FL 32714 US

New Principal Place of Business:

Current Mailing Address:

797 DOUGLAS AVE.
ALTAMONTE SPRINGS, FL 32714 US

New Mailing Address:

FEI Number: 59-1947618

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SALVAGIO, DENNIS L.
1212 RIDGEWOOD STREET
ORLANDO, FL 32803 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PAGE, CARLA,
Address: 2419 VIA GENOVA
City-St-Zip: APOPKA, FL

Title: STD () Delete
Name: PAGE, WAYNE,
Address: 2419 VIA GENOVA
City-St-Zip: APOPKA, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: PAGE, CARLA,
Address: 2419 VIA GENOVA
City-St-Zip: APOPKA, FL 32712

Title: STD (X) Change () Addition
Name: PAGE, WAYNE,
Address: 2419 VIA GENOVA
City-St-Zip: APOPKA, FL 32712

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARLA M. PAGE

PD

04/10/2003

Electronic Signature of Signing Officer or Director

Date