

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2003 8:00 am
Secretary of State

01-31-2003 90373 048 ***150.00

DOCUMENT # F97000003891



1. Entity Name
JELLYSTONE, INC.

Principal Place of Business
**ONE OFFICE PARK CIRCLE, STE. 300
BIRMINGHAM AL 35223**

Mailing Address
**ONE OFFICE PARK CIRCLE, STE. 300
BIRMINGHAM AL 35223**

DUPLICATE



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **72-1384215**

Applied For
 Not Applicable

CHECK HERE IF MAKING CHANGES

Zip Country

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

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	MADDOX, THOMAS J	
STREET ADDRESS	1 OFFICE PARK CIRCLE SUITE 300	
CITY-ST-ZIP	BIRMINGHAM AL 32553	
TITLE	PT	<input type="checkbox"/> Delete
NAME	MCDONALD, WILLIAM W	
STREET ADDRESS	1 OFFICE PARK CIRCLE SUITE 300	
CITY-ST-ZIP	BIRMINGHAM AL 35223	
TITLE	VS	<input type="checkbox"/> Delete
NAME	MCDONALD, CORNELIA W	
STREET ADDRESS	1 OFFICE PARK CIRCLE SUITE 300	
CITY-ST-ZIP	BIRMINGHAM AL 35223	
TITLE	V	<input type="checkbox"/> Delete
NAME	HARSH, MILTON	
STREET ADDRESS	1 OFFICE PARK CIRCLE SUITE 300	
CITY-ST-ZIP	BIRMINGHAM AL 35223	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 607, 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 like empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **1/21/03** Daytime Phone #: **205-979-0456**

CR2E034 (10/02)