2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F9900002076

1. Entity Name

JACOBONI MARINE MANAGEMENT, INC.

Principal Place of Business Mailing Address P.O. BOX 952488 P.O. BOX 952488 LAKE MARY FL 32795-2488 LAKE MARY FL 32746 2. Principal Place of Business 3. Mailing Address

FILED Mar 06, 2000 8:00 am Secretary of State

03-06-2000 90056 042 ***150.00



Zip Country Zip Country 5. Certificate of Status Desired Status Desired Status Desired Status Desired Status Desired Status Desired Specification of Status Desired Specification Spe	Suite, Apt.	#, etc.	!	Suite, Apt. #, etc.				DO NOT WRITE IN	THIS SF	ACE		
Signar Application for the purpose of chenging its registered Agent Street Address of New Registered Agent Street A	City & Stat	e		City & State			4. 1	4. FEi Number 52-2109544			Applied For	
E. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent AYES, WARREN D SR. 321 POINCIANA PLAZA SOUTH PALM BEACH FL 33480 Chy Chy FL Zip Code Chy 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. SIGNATURE Synatrs, have or pieces name or requested agent and the it applicable FILE NOW!!! FEE IS \$150,000 After MAY 1, 2000 Fee will be \$550,00 Make Check Payable to Department of State IT. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IT. OFFICERS AND DIRECTORS IN IT. MAKE JACOBONI, JOSEPH J NAME SIRET ADDRESS CITY-SI-2P TILE NAME SIRET ADDRESS	77										Not Applicable	
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HAYES, WARREN D SR. 321 POINCIANA PLAZA SOUTH PALM BEACH FL 33480 City FL Zip Code 6. 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 9. This corporation is eligible to satisfy its Initiangible Tax filing requirement and elects to do so. Gee criteria on back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TILLE MAKE SIRRET ADDRESS OLTY-S1-ZP TILLE MAKE MAKE SIRRET ADDRESS SIRRE	6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent					
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13. Thereby 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 direct 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 14 or Block.	indicated	l on this reno	r t or cumplemental report is:	true and accurate and that I	mv sinna	ture shall ha	ve the same.	legal effect as it made under gath.	thail an	n an offic	er or director	

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR