2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2003 8:00 am
Secretary of State
02-06-2003 90052 031 ***150.00

DOCUMENT # G03343

1. Entity Name
FLO-JO ENTERPRISES, INC.

J00188U6

Principal Place of Business	Mailing Address
7800 RED RD STE 115 SOUT MIAMI FL 33143 US	7800 RED RD STE 115 SOUTH MIAMI FL 33143 US

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
2608 SE Willoughby Blvd	2608 SE Willoughby Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Stuart, FL	City & State: Stuart, FL
Zip: 34994 Country:	Zip: 34994 Country:

4. FEI Number 59-2221480 ☐ Applied For ☐ Not Applicable

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
GILLMAN, JO 7800 RED ROAD SUITE 115 SOUTH MIAMI FL 33143	Name: Street Address (P.O. Box Number is Not Acceptable): ~~2608 SE Willoughby Blvd~~ City: Stuart FL Zip Code: 34994

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 Jo Gillman (Jo GILLMAN) 2/3/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DST GILLMAN, JO 18350 SW 254TH ST HOMESTEAD, FL 00000	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: 2608 SE Willoughby Blvd Stuart, FL 34994	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP ELTERMAN, FLORA 2522 SW NUTCRACKER WAY PALM CITY FL 34990	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

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: Jo Gillman (Jo GILLMAN) 2/3/03 772-220-6655
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #