2000 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # J05143** JOJELS SERVICE CORPORATION Principal Place of Business Mailing Address P.O. BOX 917512 P.O. BOX 917512 LONGWOOD FL 32791-7512 LONGWOOD FL 32791-7512 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Zip Country Country

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable

OFFICERS AND DIRECTORS

PAGANO, MARY LOU

204 WESSEX ROAD

SIGNATURE

11.

TITLE

NAME

TITLE

NAME

TITLE

TITLE NAME STREET ADDRESS

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NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

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ALTAMONTE SPRINGS FL 32714

9. This corporation is eligible to satisfy its Intangible

PAGANO, MARY LOU

ALTAMONTE SPG FL

PAGANO, JOSEPH

ALTAMONTE SPG FL

204 WESSEX RD

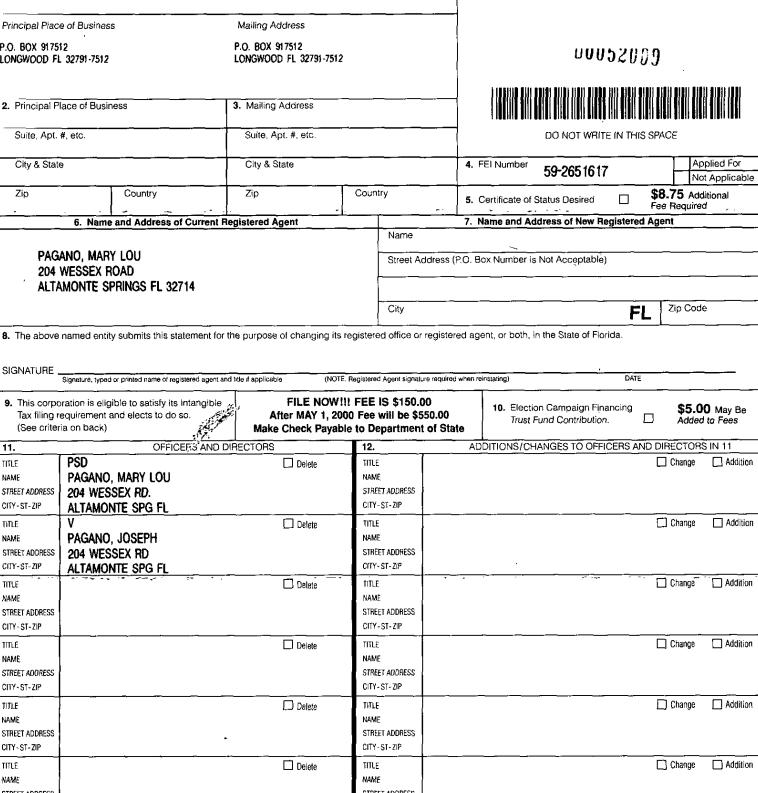
204 WESSEX RD.

Tax filing requirement and elects to do so.

(See criteria on back)

FILED May 17, 2000 8:00 am Secretary of State

05-17-2000 90859 030 ***150.00



13. 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 11 or Block 12 if

Name

City

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

Make Check Payable to Department of State

TITLE

NAME

TITLE

NAME

TITLE

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

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