2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J05143

1. Entity Name

JOJELS SERVICE CORPORATION

Principal Place of Business	Mailing Address
P.O. BOX 917512 LONGWOOD FL 32791-7512	P.O. BOX 917512 LONGWOOD FL 32791-7512

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2651617 — 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
PAGANO, MARY LOU 204 WESSEX ROAD ALTAMONTE SPRINGS FL 32714	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.

SIGNATURE _____ DATE _____

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS — 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

		Delete			Change	Addition
TITLE	PSD	☐	TITLE		☐	☐
NAME	PAGANO, MARY LOU		NAME			
STREET ADDRESS	204 WESSEX RD.		STREET ADDRESS			
CITY-ST-ZIP	ALTAMONTE SPG FL		CITY-ST-ZIP			
TITLE	V	☐	TITLE		☐	☐
NAME	PAGANO, JOSEPH		NAME			
STREET ADDRESS	204 WESSEX RD		STREET ADDRESS			
CITY-ST-ZIP	ALTAMONTE SPG FL		CITY-ST-ZIP			
TITLE		☐	TITLE		☐	☐
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐	TITLE		☐	☐
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
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STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐	TITLE		☐	☐
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			

CR2E034 (9/99)

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _Mary Lou Pagano Pres._   MARY LOU PAGANO PRES.   4-29-00   407-682-4069

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #