## 2002 UNIFORM BUSINESS REPORT (UBR)

## May 19, 2002 8:00 am § Secretary of State **DOCUMENT #** J52594 1. Entity Name JILL MAUNDER COMMUNICATIONS, INCORPORATED 05-19-2002 90032 012 \*\*\*150 00 Principal Place of Business Mailing Address 1718 FOLLOW THRU RD. NORTH 1718 FOLLOW THRU RD. NORTH V O U U O P.O BOX 41787 P.O BOX 41787 ST. PETERSBURG FL 33743 ST. PETERSBURG FL 33743 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FÉI Number Applied For 59-2751044 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired $\Box$ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name OGDEN, JILL MAUNDER Street Address (P.O. Box Number is Not Acceptable) 1718 FOLLOW THRU ROAD NORTH ST. PETERSBURG FL 33710 City 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 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 FILE NOW!!! FEE IS \$150.00 Tax filing requirement and elects to do so. 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 (See criteria on back) Trust Fund Contribution. Make Check Payable to Department of State Added to Fees OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE D ☐ Delete TITLE ☐ Change ☐ Addition NAME OGDEN, JILL MAUNDER NAME STREET ADDRESS 1718 FOLLOW THRU RD. N. STREET ADDRESS CITY-ST-ZIP ST. PETERSBURG FL CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP

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 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 a ress, with all other like empowered JUL MANDSER OGDEN SIGNATURE:

SIGNATURE AND

FILED

CR2E034 (9/01)