2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

L10351

1. Entity Name

IAN JON'S, INC.



FILED Feb 21, 2003 8:00 am Secretary of State

02-21-2003 90158 013 ***150.00

Principal Place of Busines % JULIE ODETTE MAIOLO 1959 JENSEN BCH BLVD. JENSEN BEACH FL 34957							
JENOEN DEACH IL 3433/		1959 JENS	ddress DDETTE MAIOLO SEN BCH BLVD. BEACH FL 34957				
Principal Place of Business 3. Mailing Address						<u> </u>	Lii 91811 ILDI
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES		
City & State		City & State			4. FEI Number 65-0147699		plied For t Applicable
Zip	Country	Zip		Country	5. Certificate of Status Desired	□ \$8.75 Add Fee Required	
6. Nam	e and Address of Current	Registered A	gent 🛰 👡		7. Name and Address of New Reg		
				Name:	the state of the s	A STATE OF THE PARTY OF THE PAR	į
MAIOLO, JULIE ODETTE 1958 RICOU TER			Street Add		ess (P.O. Box Number is Not Acceptable)		
JENSEN BEACH FL	34957					150	
			City		FL Zip Code		
8. The above named ent the obligations of regi	ity submits this statement f stered agent.	or the purpose	of changing its	registered office or regist	ered agent, or both, in the State of Flori	da. I am familiar with,	and accept
SIGNATURE Signature, type	ed or printed name of registered agen	t and title if applicab	le. (NOTE	E: Registered Agent signature requir	red when reinstating)	DATE	
After May 1, 20	III FEE IS \$150.00 003 Fee will be \$550.00 to Florida Department of	of State			Election Campaign Fina Trust Fund Contribution.		0 May Be d to Fees
	OFFICERS AND						
10.				11.	ADDITIONS/CHANGES TO OFFICE	CERS AND DIRECTOR	SIN 11
		DINECTORS		11.	ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTOR	S IN 11 Addition
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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: