

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90313 017 ***150.00

DOCUMENT # L68972

1. Entity Name

JELSIE CORPORATION

Principal Place of Business

4326 N.W. 23RD AVE.
 GAINESVILLE FL 32606
 US

Mailing Address

4000 N.W. 51ST STREET., A7
 GAINESVILLE FL 32606
 US

2. Principal Place of Business

3. Mailing Address

12218 NW 148 Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

ALACHUA

City & State

City & State

FL

Zip

Country

Zip

Country

32615

ALACHUA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SAULS, JUDITH E
4000 N.W. 51ST STREET., A7
GAINESVILLE FL 32606

Name *BAKER, TODD A.*

Street Address (P.O. Box Number is Not Acceptable)

12218 NW 148 Ave.

City *ALACHUA*

Zip Code

32615

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

JUDITH E. SAULS

Judith E. Sauls

4-17-01

Signature, typed or printed name of registered agent or filer if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

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, 2001 Fee will be \$650.00
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 :

TITLE NAME	STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
P SAULS, JUDITH E	4000 N.W. 51ST ST., A7 GAINESVILLE FL 32606	<input checked="" type="checkbox"/>
TITLE NAME	STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME	STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME	STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME	STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME	STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME	STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME	STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
P BAKER, TODD A.	12218 NW 148 Ave ALACHUA FL 32615	<input checked="" type="checkbox"/>
TITLE NAME	STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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:

Todd A. Baker *Todd A. Baker pres.*

4/12/01

352-377-1532

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034 (10.00)