

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M86071

1. Entity Name

JUNGLE JIM'S OF FLORIDA, INC.

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90067 011 ***150.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business % SHARON HADLEY 777 E. MERRITT ISLAND CAUSEWAY MERRITT ISLAND FL 32952	Mailing Address 32065 HOPKINS AVENUE SUITE #228 TITUSVILLE FL 32780 US
---	--

2. Principal Place of Business 4545 JAMES RD. Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
---	---

City & State COCOA FL	City & State
Zip 32923	Country BREVARD

4. FEI Number 59-2909766	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HADLEY, SHARON 777 E. MARRITT ISLAND CAUSEWAY MERRITT ISLAND FL 32952
--

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 4545 JAMES RD City COCOA FL Zip Code 32923
--

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 <i>Sharon Hadley</i> DATE 4/26/00 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>
--

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--	---

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST HADLEY, SHARON 777 E. MERRITT ISLD CSWY MERRITT ISLAND FL <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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4545 JAMES RD COCOA FL 32923
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)(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: <i>Sharon Hadley</i>	DATE: 4/26/00	DAYTIME PHONE #: 403 8936310
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		

CR2E034 (9/99)