1. Ensity Name JOT GROUP, INC.   02-07-2003 90051 041 ***150.00     Principal Place of Business 2004 AWR 51 Norming Str. PETERSBURG FL-39710   Mailing Address 2004 AWR 51 Norming Str. PETERSBURG FL-39710   02-07-2003 90051 041 ***150.00     2. Principal Place of Business 2004 AWR 51 Norming Str. PETERSBURG FL-39710   Mailing Address 2004 AWR 51 Norming Str. PETERSBURG FL-39710   02-07-2003 90051 041 ***150.00     2. Principal Place of Business 2004 AWR 51 Norming Str. PETERSBURG FL-39710   3. Mailing Address 2004 AWR 51 Norming Str. PETERSBURG FL-39710   3. Mailing Address 2004 AWR 51 Norming Str. PETERSBURG FL-39710   4. FEI Number 59-2900265   Applied For Not Applicable Str. PATHONE Str. PETERSBURG FL-39710     3. Kate part Address of Current Registered Agent   7. Name and Address of New Registered Agent Str. PETERSBURG FL-39710   Str. FL 304 Str. PETERSBURG FL-39710   Str. FL 21p Code     8. The above named entity submer for the purpose of changing its registered differ or registered agent, or both, in the State of Florida. I and familiar with, and accept the obligations of registered dagent works required there are a dagent with, and accept Mathe Check Payable to Florida Department of state   PrOTE Registered Agent sequence there are a dagent purpose of changing its registered agent or both, in the State of Florida. I and familiar with, and accept Mathe Check Payable to Florida Department of state     Str. PETERSBURG FL 33710   Mathe Check Payable to Florida Department of state   PrOTE Registered Agent sequence there are a dagent or both, in the State of Florida. I and familiar with, and accept Mathe Check Pa	2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) FILED Feb 07, 2003 8:00 am						
2064 - MARGET - BARTH- ST. FETERSBURG CF. STROT   - BSF. AFRICE, BARTH- STROTE, STROTE, AFRICE, BARTHAR, STROTE, AFRICE, BARTHAR, STROTE, BA	1. Entity Name 02-07-2003 90051 041 ***150.00						
2 Unclaim for the set of the set	-2345 ANVIL S	TNORTH	- 2345 ANVIL ST. NORTH-			· · · · · · · · · · · · · · · · · · ·	
Provide first and a constraint of the product first and a constra	2. Principal Place of Business 5/17 4/165 FAVE CF. Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES						
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SOKOL STEVEN J. 2945 AVAIL ST. NORTH ST. PETERSBURG FL 33740   SIT7 - W/LS V/RWLE (J. ST. PETERSBURG FL 33740   STEP AUGUST (P. Box Number is Not Acceptable)     ST. PETERSBURG FL 33740   TAMPA , FL 33671   City   FL   Zip Code     At the above named early submyter file statement for the purpose of changing its registered difce or registered agent, or both, in the State of Florida. Term femiliar with, and accept the abigations of registered agent, or both, in the State of Florida. Term femiliar with, and accept the abigations of registered agent agent and indexempter of the purpose of changing its registered agent a	<sup>zi</sup> 336	<i>pl1</i>	Zip 336//	Country		Fee Required	
City FL Zip Code   8. The advert index of regletered sport If is statement for the purpose of changing its registered agent, or both, in the State of Floride. If an familiar with, and accept the obligations of regletered sport If is is is isomed easy subprised is statement for the purpose of changing its registered agent, or both, in the State of Floride. If an familiar with, and accept is obligations of regletered sport If is isomed easy subprised is statement for the purpose of changing its registered agent, or both, in the State of Floride. If an familiar with, and accept is obligations of regletered sport If isomed easy subprised is state of Floride. If an familiar with, and accept isomed easy subprised is state of Floride. If isomed easy subprised isomed easy subprised isomed easy subprised easy subpr	SOKOL, STEVEN J. 2345 ANVIL ST. NORTH 517 Jules VSRJE (J. Street Address (P.O. Box Number is Not Acceptable)						
FILE KOWIII FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State   St. Election Campaign Financing Trues Fund Contribution   \$5.00 May Be Added to Feess and the Check Payable to Florida Department of State     10.   OFFICERS AND DIRECTORS:   -11.   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11     111.   OFFICERS AND DIRECTORS:   -11.   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11     111.   OFFICERS AND DIRECTORS:   -11.   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11     111.   OFFICERS AND DIRECTORS:   -11.   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11     111.   FO   Street Address   Intel Make   Intel Address     111.   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   Intel Make   Intel Address     111.   FO   Street Address   Intel Address   Intel Address     111.   Intel Address   Intel Address   Intel Address   Intel Address     111.   Intel Address   Intel Address   Intel Address   Intel Address     111.   Intel Address   Intel Address   Intel Address   Intel Address     111.   Intel Address   Intel Address   Intel Address   Intel Address	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. I am familiar with, and accept the obligations of registered agent. Image: City Image: City   SIGNATURE Image: City Image: City Image: City Image: City						
PD   Delete   THE   Delete   THE     NAME   SOKOL, STEVEN J.   SIRET ADDRESS   S177   WIGS   WIGS   CRNLE (J. STEVEN J. SIRET ADDRESS   S177   WIGS   CRNLE (J. STEVEN J. SIRET ADDRESS   S177   WIGS   CRNLE (J. STEVEN J. SIRET ADDRESS   S177   WIGS   CRNLE (J. STEVEN J. SIRET ADDRESS   CITY-ST-2P   CITY-ST-2	After Make Check	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.0 < Payable to Florida Departmen	00 t of State			9. Election Campaign Financing . \$5.00 May Be Trust Fund Contribution. Added to Fees	
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NAME   STREET ADDRESS     CITY-ST-ZIP   CITY-ST-ZIP     TITLE   Delete     NAME   TITLE     NAME   TITLE     NAME   CITY-ST-ZIP     TITLE   Change     NAME   STREET ADDRESS     CITY-ST-ZIP   Change     Addition     NAME     STREET ADDRESS     CITY-ST-ZIP     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.	NAME STREET ADDRESS		Delete	NAME STREET ADDRESS		Change Addition	
ITTLE   ITTLE   Change   Addition     NAME   STREET ADDRESS   ITTLE   Change   Addition     STREET ADDRESS   CITY-ST-ZIP   ITTLE   Ittle   Ittle   Addition     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 rue 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.	NAME Street address		Delete	NAME STREET ADDRESS		Change Addition	
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