

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 30, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # N00000000347****1. Entity Name**  
JUMP START TOMORROW, INC.

<b>Principal Place of Business</b> 927 NE INDUSTRIAL BLVD  JENSEN BEACH FL 34957	<b>Mailing Address</b> 927 NE INDUSTRIAL BLVD  JENSEN BEACH FL 34957
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<b>2. Principal Place of Business</b>  Suite, Apt. #, etc.	<b>3. Mailing Address</b> P.O. BOX 342  Suite, Apt. #, etc.
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<b>City &amp; State</b>  JENSEN BEACH FL	<b>City &amp; State</b>  JENSEN BEACH FL
<b>Zip</b>  34957	<b>Country</b>  FL

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

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**  
  
SIMON GARY  
927 NE INDUSTRIAL BLVD  
  
JENSEN BEACH FL 34957**7. Name and Address of New Registered Agent**  
  
Name  
  
Street Address (P.O. Box Number is Not Acceptable)  
  
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.**

<b>SIGNATURE</b> Signature, typed or printed name of registered agent and title if applicable.  04/30/2001	<b>DATE</b> (NOTE: Registered Agent signature required when reinstalling)
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<b>FILE NOW:</b> <b>FEE IS \$61.25</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to</b> <b>Department of State</b>
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**10. OFFICERS AND DIRECTORS**

<b>TITLE</b> D <b>NAME</b> SIMON GARY <b>STREET ADDRESS</b> 598 NE MARANTA TERR <b>CITY-ST-ZIP</b> JENSEN BEACH FL 34957	<input type="checkbox"/> Delete
<b>TITLE</b> D <b>NAME</b> SIMON NANCY <b>STREET ADDRESS</b> 598 NE MARANTA TERRACE <b>CITY-ST-ZIP</b> JENSEN BEACH FL 34957	<input type="checkbox"/> Delete
<b>TITLE</b> D <b>NAME</b> HUDSON EDWIN <b>STREET ADDRESS</b> 30445 COLE GRADE <b>CITY-ST-ZIP</b> VALLEY CENTER CA 92082	<input type="checkbox"/> Delete
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, 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.**

<b>SIGNATURE:</b> Gary Simon	<b>D</b>	<b>04/30/2001</b>
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CR2E037 (11/00)