## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # N93000000444

1. Entity Name

JOMINUNITY, INC	•						
Principal Place of Business							
GAC	9601 SW FOX BROWN ROAD INDIANTOWN FL 34956-9714						
ncipal Place of Business							
Suite, Apt. #, etc.							
City & State		City & State					
Country	Zip	Country					
9601 SW FOX BROWN ROAD INDIANTOWN FL 34956  2. Principal Place of Business  Suite, Apt. #, etc.  City & State	Mailing Address  SAD SECTION SW FOX BROW INDIANTOWN FL 34S  Siness  3. Mailing Address  Suite, Apt. #, etc  City & State						

## FILED Apr 13, 2000 8:00 am Secretary of State 04-13-2000 90045 049 \*\*\*\*61.25



2. Principal P	ipal Place of Business 3. Mailing Address			- I deriver ein bioe vin een een een een een een een een een e							
Suite, Apt. #, etc. Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE								
City & State City & State		City & State				4. FEI Number 65-0378070				pplied For lot Applicable	
Zip		Country	Zip Country			5 Certificate of Status Desired S8.7			\$8.75 Ac	ditional	
	6. Name	and Address of Current R	legistered Agent				7. Name and	Address of	New Registered	d Agent	
PADGETT, SUSAN W 9601 SW FOX BROWN ROAD					Name FLIZABETH F. COLLINS Street Address (P.O. Box Number is Not Acceptable)						
INDIANTOWN FL 34956					TEQUESTA  City TEQUESTA  FL Zip Code 33469						
8. The above	named entity	submits this statement for	the purpose of changing its	registere	ed office or	registere	ed agent, or bot	h, in the state	of Florida.		
SIGNATURE Elizabeth & Caelina Fxecutive Divector 64/10/00 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE											
	FILE N	\$61.25	9. Election Campaign Trust Fund Contribu		ng	Added	O May Be to Fees		Make Check Departmen	nt of State	A Secretary
10. " " " " " " " " " " " " " " " " " " "	AN EASTER C. LINE MUSIC	OFFICERS AND DIRE	ECTORS** *	<u>( 11:</u>	TANK TO FINE	ar mu A	DDITIONS/CH.	ANGES TO O	FFICERS AND (	DIRECTORS I	N°10" ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '
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NAME	LEWIS, TO	vi	□ Delete	NAME	ł	D LEW	IS, TOM	ī		ree ∧uanyc	C Vagurou
STREET ADDRESS		RWOOD PLACE		1	ET ADDRESS		46 RIVE		PLACE		1
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indicated of the cor	certify that the on this report poration or the	information supplied with to or supplemental report is to receiver or trustee empoy	his filing does not qualify for rue and accurate and that m vered to execute this report a th all other like empowered	y signat	ure shall h	ed in Sec ave the s	tion 119.07(3)( ame legal effec	i), Florida Stat t as if made u	tutes. I further o	I am an office	r or director

Daytime Phone #