

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2001 8:00 am
Secretary of State

05-12-2001 90019 044 ****61.25

DOCUMENT # N94000006072

1. Entity Name

JEFFERSON STREET BABY LAND, INC.

Principal Place of Business

**328 JEFFERSON STREET
 DAYTONA BEACH FL 32114
 US**

Mailing Address

**328 JEFFERSON STREET
 DAYTONA BEACH FL 32114
 US**

00062257



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3259331

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ANTHONY, JOAN
 457 S RIDGWOOD AVE
 DAYTONA BEACH FL 32114**

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.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: **VPD** Delete
 NAME: **BOYCE, JACQUELEN**
 STREET ADDRESS: **1801 LAURA DR**
 CITY-ST-ZIP: **DAYTONA BEACH FL 32119**

TITLE: Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: **SD** Delete
 NAME: **ROTHWELL, BRAIN**
 STREET ADDRESS: **539 S KEECH ST**
 CITY-ST-ZIP: **DAYTONA BEACH FL 32114**

TITLE: Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: **D** Delete
 NAME: **JOHNSON, LAWANDA**
 STREET ADDRESS: **1645 THIRD ST**
 CITY-ST-ZIP: **DAYTONA BEACH FL 32114**

TITLE: Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: **D** Delete
 NAME: **MALONE, RODERICK**
 STREET ADDRESS: **341 JEFFERSON ST**
 CITY-ST-ZIP: **DAYTONA BEACH FL 32114**

TITLE: Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: **D** Delete
 NAME: **PATRICK, GLADYS**
 STREET ADDRESS: **341 JEFFERSON ST**
 CITY-ST-ZIP: **DAYTONA BEACH FL 32114**

TITLE: Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: **PD** Delete
 NAME: **MALONE, EARLENE**
 STREET ADDRESS: **341 JEFFERSON ST**
 CITY-ST-ZIP: **DAYTONA BEACH FL 32114**

TITLE: 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 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.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Signature
ANTHONY, JOAN

4/24/01 (386) 258-7714

Date

Daytime Phone #

CR2E037 (10/00)