

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N94000006072

FILED
May 01, 2003
Secretary of State

Entity Name: JEFFERSON STREET BABY LAND, INC.

Current Principal Place of Business:

328 JEFFERSON STREET
DAYTONA BEACH, FL 32114 US

New Principal Place of Business:

Current Mailing Address:

328 JEFFERSON STREET
DAYTONA BEACH, FL 32114 US

New Mailing Address:

FEI Number: 59-3259331 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: VPD () Delete
Name: JOHNSON, LAWANDA
Address: 1645 THIRD STREET
City-St-Zip: DAYTONA BEACH, FL 32117

Title: SD () Delete
Name: ROTHWELL, BRAIN
Address: 539 S KEECH ST
City-St-Zip: DAYTONA BEACH, FL 32114

Title: D () Delete
Name: COOPER, TERRIS
Address: POST OFFICE BOX 351818
City-St-Zip: PALM COAST, FL 32135

Title: D () Delete
Name: MALONE, RODERICK
Address: 341 JEFFERSON ST
City-St-Zip: DAYTONA BEACH, FL 32114

Title: D () Delete
Name: PATRICK, GLADYS
Address: 341 JEFFERSON ST
City-St-Zip: DAYTONA BEACH, FL 32114

Title: PD () Delete
Name: MALONE, EARLENE
Address: 341 JEFFERSON ST
City-St-Zip: DAYTONA BEACH, FL 32114

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EARLENE MALONE

DIR

05/01/2003

Electronic Signature of Signing Officer or Director

_____ Date