

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000005027

1. Entity Name

JUST ENTERTAINMENT INC.

FILED
Jun 02, 2001 8:00 am
Secretary of State

06-02-2001 90002 014 ****61.25

Principal Place of Business

3620 NE 8TH PLACE
 7 & 8
 OCALA FL 34470

Mailing Address

3620 NE 8TH PLACE
 7 & 8
 OCALA FL 34470

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3469641

Applied For

Not Applicable

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

ALICEA, AMY
 1222 W.E. 9TH AVE
 OCALA FL 34470

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.

(NOT: 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 MD ☐ Delete
 NAME ALICEA, AMY
 STREET ADDRESS 3210 SE 22 AVE
 CITY-ST-ZIP OCALA FL 34471

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE SD ☒ Delete
 NAME LONNEN, SHANNON
 STREET ADDRESS 13701 SE 119TH AVE ROAD
 CITY-ST-ZIP OCKLAWAHA FL 32179

TITLE ☐ Change ☒ Addition
 NAME Thamarine McNeil
 STREET ADDRESS SD
 CITY-ST-ZIP

TITLE ADT ☐ Delete
 NAME WARNER, DENISE
 STREET ADDRESS 749 S.E. 30TH AVE
 CITY-ST-ZIP OCALA FL 34471

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 another like empowered.

SIGNATURE:

(Signature)

5/11/01

(352) 694-0601

CR2E037 (10/00)