

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000002150

1. Entity Name

JUMPSTART FUTURES, INCORPORATED

FILED
May 22, 2000 8:00 am
Secretary of State

05-22-2000 90001 038 ****61.25

Principal Place of Business

Mailing Address

202 E COMANCHE AVE
APT A
TAMPA FL 33604

PO BOX 272166
TAMPA FL 33688-2166

2. Principal Place of Business

216 W. Hyde PARK PLACE

3. Mailing Address

216 W. Hyde PARK PLACE

Suite, Apt. #, etc.

#1

Suite, Apt. #, etc.

#1

City & State

Tampa, Florida

City & State

Tampa, Florida

4. FEI Number

59-3542516

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STEWART, GILDA
202 A E COMANCHE AVE
TAMPA FL 33604

7. Name and Address of New Registered Agent

Name
Gilda Goble Stewart

Street Address (P.O. Box Number is Not Acceptable)

216 West Hyde PARK PLACE

#1

City

Tampa

FL

Zip Code

33606-2322

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

Gilda Goble Stewart Gilda Goble Stewart 5-1-2000

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

TITLE ☐ Delete
NAME D
STREET ADDRESS THOMAS, ALTON B PHD
CITY-ST-ZIP 6113 OAK CLUSTER
TAMPA FL 33615

TITLE ☐ Delete
NAME D
STREET ADDRESS STEWART, GILDA
CITY-ST-ZIP 202-A E CAMANCHE AVE
TAMPA FL 33604

TITLE ☒ Delete
NAME D
STREET ADDRESS KLEDZIK, PEGGY
CITY-ST-ZIP 7809 N JAMAICA ST
TAMPA FL 33614

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☒ Addition
NAME Director
STREET ADDRESS Jonathan F. Hobbie
CITY-ST-ZIP 3326 Laurel Dale Drive
Tampa, FL 33618

TITLE ☒ Change ☐ Addition
NAME Director
STREET ADDRESS Alton B. Thomas, PhD
CITY-ST-ZIP 3201 SW 128th Ave.
Miami, Florida 33175

TITLE ☒ Change ☐ Addition
NAME Director
STREET ADDRESS Gilda Goble Stewart
CITY-ST-ZIP 216 West Hyde PARK PLACE, #1
Tampa, Florida 33606-2322

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

TITLE ☐ Change ☐ Addition
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 all other like empowered.

SIGNATURE:

Gilda Goble Stewart Gilda Goble Stewart 5-1-00 258-1102

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)