

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N99000001206

FILED
May 02, 2002 8:00 AM
Secretary of State

Entity Name: JUST B-CAUSE, INC.

Current Principal Place of Business:

P.O. BOX 41333
ST. PETERSBURG, FL 337431333

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 41333
ST. PETERSBURG, FL 337431333

New Mailing Address:

FEI Number: 59-3562018

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

YANGER, WILLIAM L
324 SOUTH HYDE PARK AVENUE
SUITE 210
TAMPA, FL 33707 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: ED () Delete
Name: SHAYLEE, BOBBIE
Address: 3400 79TH VAY N
City-St-Zip: ST. PETERSBUGR, FL

Title: DP () Delete
Name: MCNULTY, MATTHEW
Address: 555 PARK STREET SO
City-St-Zip: SAINT PETERSBURG, FL 33707

Title: SD () Delete
Name: SMITH, BEVERLY
Address: 1050 STARKEY RD #510
City-St-Zip: LARGO, FL 33771

Title: D () Delete
Name: YANGER, WILLIAM L
Address: 324 SOUTH HYDE PARK AVENUE, SUITE 210
City-St-Zip: TAMPA, FL 33707

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ED (X) Change () Addition
Name: LEE, BONNIE K
Address: 3400 79TH VAY N
City-St-Zip: ST. PETERSBUGR, FL

Title: DP (X) Change () Addition
Name: LEE, BOBBIE SHAY
Address: 555 PARK STREET SO
City-St-Zip: SAINT PETERSBURG, FL 33707

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

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

Title: D () Change (X) Addition
Name: HARRIS, LYN
Address: 3458 6 AV NORTH
City-St-Zip: ST. PETERSBURG, FL 33713

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: BOBBIE SHAY LEE

PRES

05/02/2002

Electronic Signature of Signing Officer or Director

Date