## 2003 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# N99000005902

Entity Name: THE JOBS PARTNERSHP OF FLORIDA, INC.

FILED Mar 21, 2003 Secretary of State

Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
7531 SOUT ORLANDO,		LOSSOM TRAIL US			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
PO BOX 941067 MAITLAND, FL 32794 US			7531 SOUTH ORANGE ORLANDO, FL 32809	BLOSSOM TRAIL US	
FEI Number:	59-3612893	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
MATHIS, JACINTA M 20 N ORANGE AVE SUITE 1400 ORLANDO, FL 32801 US			STANAKIS, MARC C 7531 SOUTH ORANGE ORLANDO, FL 32809	7531 SOUTH ORANGE BLOSSOM TRAIL	
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: MARC C. STANAKIS				03/21/2003	
	Electroni	c Signature of Registered Agent	t	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D () OUTING, DAVID 633 SAGO LANE ORLANDO, FL	<b>:</b>	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	T/D () RAHILL, PAUL 932 VERSAILES MAITLAND, FL		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	P () STANAKIS, MAR 2140 DYAN WA MAITLAND, FL	Y	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	MOYA, JOSE T	Delete HCKASAW TRAIL 32825	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	V/C () ROBINSON, SYI 464 LANCERS I WINTER SPRIN	DRIVE	Title: ( Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D () ALEXANDER, SO 707 NICOLET A' WINTER PARK,	/ENUE	Title: ( Name: Address: City-St-Zip:	( ) Change ( ) Addition	

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: MARC C. STANAKIS MR. 03/21/2003