

# 2001 UNIFORM BUSINESS REPORT (UBR)

0025605

DOCUMENT # P00000013714

1. Entity Name  
**FUN JUMPS, INC.**

APPROVED  
AND  
FILED

01 APR 11 AM 11:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

7058 CALICO CIRCLE  
TALLAHASSEE FL 32303

7058 CALICO CIRCLE  
TALLAHASSEE FL 32303

2. Principal Place of Business

5808 Doonesbury Way  
Suite, Apt. #, etc.

3. Mailing Address

5808 Doonesbury Way  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Tall. FL

City & State

Tall. FL

4. FEI Number

☒ Applied For  
☐ Not Applicable

Zip

32303

Country

LEON

Zip

32303

Country

LEON

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

DAVIS, CLIFFORD L ESQ  
US HWY 19 SOUTH  
MONTICELLO FL 32344

Name  
Annette Hobkirk

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

5808 Doonesbury Way

Tall.

City

FL

Zip Code

32303

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

Annette Hobkirk

(NOTE: Registered Agent signature required when reinstating)

DATE

4-11-01

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back)

☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution.

☐ \$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	MCGLAMORY, VICKIE	
STREET ADDRESS	7058 CALICO CIRCLE	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	MCGLAMORY, RONALD A	
STREET ADDRESS	7058 CALICO CIRCLE	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Pres.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	James David Hobkirk Jr.	
STREET ADDRESS	5808 Doonesbury Way	
CITY-ST-ZIP	Tall. FL 32303	
TITLE	V. Pres.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Annette Hobkirk	
STREET ADDRESS	5808 Doonesbury Way	
CITY-ST-ZIP	Tall. FL 32303	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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-04/11/01--01060--001  
\*\*\*\*150.00 \*\*\*\*150.00

13. 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 607, Florida Statutes; and that my name appears in Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Annette Hobkirk

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-11-01

Daytime Phone #

CR2E034 (10/00)