2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State
05-23-2001 91185 011 ***150.00

DOCUMENT # P000000 27048

1. Entity Name
JuJu Enterprises ✓

Principal Place of Business	Mailing Address
~~5400 TRANQUILITY PL~~ Rt 22 Box 180 Tallahassee, FLA	SAME NOTE USPO changed street address ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5400 TRANQUILITY PL	5400 TRANQUILITY PL
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tallahassee, FLA	City & State: Tallahassee
Zip: 32310 Country: LEON	Zip: 32310 Country: LEON

4. FEI Number 59-3641581 ☐ 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
LISA V. MARSH Rt 22 Box 180 Tallahassee, Fl 32310	Name: LISA V. MARSH Street Address (P.O. Box Number is Not Acceptable): 5400 TRANQUILITY PL City: Tallahassee FL Zip Code: 32310

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	P LISA V. MARSH 5400 TRANQUILITY PL TALLAHASSEE, FLA 32310	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP CLIFF MARSH Rt 22 Box 180 Address change TALLAHASSEE, FLA	☐ Delete	→ 5400 TRANQUILITY PL TALLAHASSEE, FLA 32310	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~T~~ CM CECIL	☐ Delete	T CECIL L. MARSH 1443 VAN DELIA RD TALLAHASSEE, FLA 32310	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (11/00)

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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Cliff Marsh CLIFF MARSH 4/30/01 (850) 422-6901
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #