

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2002 8:00 am
Secretary of State

03-22-2002 90047 021 ***150.00

DOCUMENT # P00000029094

1. Entity Name
JUMP FOR THE STARS, INC.

Principal Place of Business
214 THORNBUSH PKWY
DAVENPORT FL 34837

Mailing Address
214 THORNBUSH PKWY
DAVENPORT FL 34837

2. Principal Place of Business
1164 Whooping Crane Run
 Suite, Apt. #, etc.

3. Mailing Address
717 E. OAK STREETZ
 Suite, Apt. #, etc.

City & State
Kissimmee, FL

City & State
KISSIMMEE, FL

4. FEI Number **59-3635949**

Applied For
 Not Applicable

Zip
34741

Country
USA

Zip
34744

Country
USA

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

SWART, HARRY J CPA
717 E. OAK STREET
KISSIMMEE FL 34744

Name

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

City

FL

Zip Code

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, 2002 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
D
RIVERA, JUAN C
214 THORNBUSH PKWY
DAVENPORT FL 34837 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
D, P, S, T
RIVERA, JUAN C
3164 Whooping Crane Run
Kissimmee, FL 34741 ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
P
RIVERA, JUAN C
214 THORNBUSH PKWY
DAVENPORT FL 34837 ☒ Delete

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

TITLE
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TITLE
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 CITY-ST-ZIP
☐ Change ☐ Addition

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: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)