

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000033932

1. Entity Name
JUMP 4 JOY, INC.

~~MARKED~~
Santa Rosa Formals, Inc.



FILED

03 MAR -7 AM 9:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



aa 3/18/03

☒ CHECK HERE IF MAKING CHANGES

Principal Place of Business
3532 STRATFORD LANE
PACE FL 32571

Mailing Address
3532 STRATFORD LANE
PACE FL 32571

2. Principal Place of Business
4234 Hwy 90 W.
Suite, Apt. #, etc.

3. Mailing Address
4234 Hwy 90 W.
Suite, Apt. #, etc.

City & State
Pace Florida

City & State
Pace Florida

4. FEI Number 59-3637333

Applied For
Not Applicable

Zip
32571

Country
USA

Zip
32571

Country
USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WIGGINS, KEVIN
3532 STRATFORD LANE
PACE FL 32571

7. Name and Address of New Registered Agent

Name
Constance M. Wiggins

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

4234 Hwy 90 W.

City
Pace

FL

Zip Code
32571

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Constance M. Wiggins

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

Feb 24, 2003

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME WIGGINS, KEVIN
STREET ADDRESS 3532 STRATFORD LANE
CITY-ST-ZIP PACE FL 32571

TITLE D ☐ Delete
NAME WIGGINS, CONSTANCE M
STREET ADDRESS 3532 STRATFORD LANE
CITY-ST-ZIP PACE FL 32571

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 700013687557
CITY-ST-ZIP 03/07/03--01029--002 **185.00

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/13/03

Date

850.994.9302

Daytime Phone #

CR2E034 (10/02)