

**2001 UNIFORM BUSINESS REPORT (UBR)**

4/2'

**FILED**  
**May 21, 2001 8:00 am**  
**Secretary of State**

04-27-2001 90253 016 \*\*\*150.00

**DOCUMENT # P00000038624**

1. Entity Name

**JO-ANN ENTERPRISES, INC.**Principal Place of Business  
**1868 N.E. JENSEN BEACH BLVD.  
JENSEN BEACH FL 34957**Mailing Address  
**1868 N.E. JENSEN BEACH BLVD.  
JENSEN BEACH FL 34957**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**65-1087811**

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

**GALANTE, E.B. ESQ  
516 CAMDEN AVE.  
STUART FL 34994**

Name

**JOSEPH INNAMORATO**

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

**631 SW POST TERR**

City

**PORT ST. LUCIE**

FL

Zip Code

**34953**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**1/25/01**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

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**PSD  
INNAMORATO, JOSEPH  
1868 N.E. JENSEN BEACH BLVD.  
JENSEN BEACH FL 34957**☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**VTS  
INNAMORATO, ANN  
1868 N.E. JENSEN BEACH BLVD.  
JENSEN BEACH FL 34957**☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

TITLE

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STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

☐ Delete

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☒ Change☐ Addition

TITLE

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☐ Change☐ Addition

TITLE

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STREET ADDRESS

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2034 (10/00)