


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91833 029 ***150.00

DOCUMENT # <u>P00000045187</u>	
1. Entity Name JPAT ENTERPRISES, INC.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 4701 22ND AVENUE NORTH	3. Mailing Address 4701 22ND AVENUE NORTH
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State ST. PETERSBURG, FL	City & State ST. PETERSBURG, FL	4. FEI Number 59-3700552	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip 33713-3109	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required.	

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JOHN M. MILLER - PRESIDENT; 4701 22ND AVENUE NORTH, ST. PETERSBURG, FL 33713-3109
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/2003

Date

727-327-0923

Daytime Phone #

CR2E034B (12/02)