

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2002 8:00 am
Secretary of State

01-29-2002 90064 005 ***150.00

DOCUMENT # P00000053243

1. Entity Name
JOKE'MON, INC.

Principal Place of Business
**17730 OAK BRIDGE ST.
 TAMPA FL 33647**

Mailing Address
**17730 OAK BRIDGE ST.
 TAMPA FL 33647**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
3355 Bearss Avenue
 Suite, Apt. #, etc.

City & State
Tampa, Florida

4. FEI Number **59-3649381** Applied For Not Applicable

Zip **33618** Country

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

6. Name and Address of Current Registered Agent

**SANDERS, WALTER
 3355 BEARSS AVE.
 TAMPA FL 33618**

7. Name and Address of New 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.

SIGNATURE Walter Sanders Walter Sanders 1/14/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 | D | <input type="checkbox"/> Delete |
| NAME | BAILEY, DE FORREST P | |
| STREET ADDRESS | 17730 OAK BRIDGE ST | |
| CITY-ST-ZIP | TAMPA FL 33647 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | BAILEY, BARBARA J | |
| STREET ADDRESS | 17730 OAK BRIDGE ST | |
| CITY-ST-ZIP | TAMPA FL 33647 | |
| TITLE | | <input type="checkbox"/> Delete |
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| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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: Barbara J. Bailey Barbara J. Bailey 1/14/02 813-994-6236
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)