

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90490 048 ***150.00



10003300



CHECK HERE IF MAKING CHANGES

DOCUMENT # P00000066975

1. Entity Name
JAX OBJECTS, INC.

Principal Place of Business
**12682 ASHGLN DR. SO.
JACKSONVILLE FL 32224**

Mailing Address
**12682 ASHGLN DR. SO.
JACKSONVILLE FL 32224**

2. Principal Place of Business
7915 TURNSTONE CIR. E.

3. Mailing Address
7915 TURNSTONE CIR. E.

Suite, Apt. #, etc.

City & State
JACKSONVILLE FL

City & State
JACKSONVILLE FL

Zip
32256

Country
USA

Zip
32256

Country
USA

4. FEI Number
59-3655956

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

MENDIOLA, SARAH J
12682 ASHGLN DR. SO.
JACKSONVILLE FL 32224

7. Name and Address of New Registered Agent

Name
MENDIOLA, SARAH J.

Street Address (P.O. Box Number is Not Acceptable)
7915 TURNSTONE CIR. E.

City
JACKSONVILLE FL ZIP Code
32256

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 SARAH MENDIOLA DATE 1/8/03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

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 PD	<input type="checkbox"/> Delete
NAME MENDIOLA, SARAH	
STREET ADDRESS 12682 ASHGLN DR SO	
CITY-ST-ZIP JACKSONVILLE FL 32224	
TITLE VT	<input type="checkbox"/> Delete
NAME ANDRES, JOSELITO C	
STREET ADDRESS 12682 ASHGLN DR SOUTH	
CITY-ST-ZIP JACKSONVILLE FL 32224	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MENDIOLA, SARAH	
STREET ADDRESS 7915 TURNSTONE CIR. E.	
CITY-ST-ZIP JACKSONVILLE FL 32256	
TITLE VT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ANDRES, JOSELITO C.	
STREET ADDRESS 7915 TURNSTONE CIR. E	
CITY-ST-ZIP JACKSONVILLE FL 32256	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: SARAH MENDIOLA DATE 1/8/03 DAYTIME PHONE # 904-593-0440

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)