2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P0000068966

1. Entity Name ADD -A- JACK INC

SIGNATURE:



FILED Jan 15, 2003 8:00 am Secretary of State

01-15-2003 90280 035 ***150.00

Principal PI 5640 FEST HOLIDAY I	_	564	Mailing Address 5640 FESTIVO DR. HOLIDAY FL 34690							
										[]]]
2. Principal	Place of Business	3 . Ma	3. Mailing Address							
Suite, Ap	ot. #, etc.	Suite, Apt. #, etc.								
City & St	ate	City	P. Ctoto				CHECK HERE IF M	iaking (CHANGE	S
		City	City & State			4. FEI Number 65-1029901			Applied For Not Applicable	
Zip	Country	Zip		Country		5 . Ce	ertificate of Status Desired [\$	8.75 A	dditional
	6. Name and Address of Cur	rent Registere	d Agent	<u> </u>		7. Na	me and Address of New Regis		e Requir	ed
~~ - GUUSE	Y, JEFFREY L	·			Name			torou rig		
	STIVO DR.		Stree			s (P.O. Box Number is Not Acceptable)				
	Y FL 34690			ı		-				
	- (6 -				City	-			7:.0	
8. The above	e named entity submits this stateme	nt for the nume	on of changing its			-		FL	Zip Coo	
the obliga	e named entity submits this stateme tions of registered agent.	nt for the purpt	ose or changing its	s registere	d office or registere	d agent	t, or both, in the State of Florida.	I am fan	niliar with	, and accept
SIGNATURE										
	Signature, typed or printed name of registered a	gent and title if appli	cable. (NOT	E: Registered	Agent signature required w	hen reinsta	ating)	DATE		
Afte Make Chec	FILE NOW!!! FEE IS \$150.00 or May 1, 2003 Fee will be \$550. k Payable to Florida Departmer	t of State					Election Campaign Financin Trust Fund Contribution.	ng 🔲	\$5.0 Adde	00 May Be d to Fees
TITLE	PSD	ND DIRECTOR		11,		ADDIT	IONS/CHANGES TO OFFICERS	S AND DI	RECTOR	S IN 11
NAME STREET ADDRESS CITY-ST-ZIP	GODSEY, JEFFREY L 5640 FESTIVO DR. HOLIDAY FL 34690		☐ Delete	TITLE NAME STREE CITY-S	T ADDRESS] Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		,	☐ Delete	TITLE NAME STREET CITY-S	I ADDRESS ST-ZIP	-] Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET CITY-S	ADDRESS T-ZIP		ويرو مسور المعراد المارات		Change	Addition A
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET CITY-S'	ADDRESS T-ZIP				Change	☐ Addition
TITLE VAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET CITY-ST	ADDRESS - ZIP	<u>.</u>	•		Change	Addition
ITLE HAME STREET ADDRESS EITY-ST-ZIP		-	☐ Delete	CITY-ST	ADDRESS -ZIP				Change	Addition
2. I hereby ce indicated of the corp changed, o	ortify that the information supplied with this report or supplemental report or attorn or the receiver of rustee empty on an attachment with an address	th this filing do is true and accovered to exe with all other	es not qualify for to curate and that my ecute this report as like empowered.	he exemp signature sequired	tion stated in Section shall have the sam by Chapter 607, Flo	on 119.0 le legal orida St	97(3)(i), Florida Statutes. I further effect as if made under oath; the atutes; and that my name appea	certify that I am an	at the inf officer o ck 10 or E	ormation r director Block 11 if