

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 03, 2001 8:00 am**  
**Secretary of State**

05-03-2001 91156 043 \*\*\*150.00

**CQ058652**

DO NOT WRITE IN THIS SPACE

**DOCUMENT #** P0000000971672 ✓  
**1. Entity Name**  
 Jim<sup>2</sup> INC.

**Principal Place of Business** **Mailing Address**  
 5327 HOITLAND DR APOPKA FL. 32712

**2. Principal Place of Business** **3. Mailing Address**  
 5327 HOITLAND DR  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 APOPKA FL.  
 City & State City & State

**Zip** **Country** **Zip** **Country**  
 32712 USA

**4. FEI Number** **Applied For**  
 593-60-7918 ☒ Not Applicable  
**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
 KENNETH MARK KEAN  
 5327 HOITLAND DR  
 APOPKA FL. 32712

**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** *Kenneth Mark Kean* *Kenneth Mark Kean* *4-24-01*  
 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.** ☒ **FILE NOW!!! FEE IS \$150.00**  
 (See criteria on back) **After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State** **10. Election Campaign Financing** **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution. ☐

**11. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES KENNETH MARK KEAN 5327 HOITLAND DR APOPKA FL. 32712	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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**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:** *Kenneth Mark Kean* *4-24-01* *407 884-6042*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
 KENNETH MARK KEAN

CR2E034 (11/00)