

2003 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90765 030 ***150.00

DOCUMENT # **P00000103079**
 1. Entity Name **✓**
JEFFY ENTERPRISES, INC.

Principal Place of Business **418 13th Street**
ST. Cloud, FL 34769
 Mailing Address **418 13th Street**
ST. Cloud, FL 34769

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

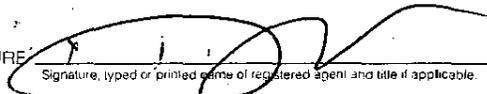
3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

4. FEI Number **58-2580637**
 Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
PATEL MUKESHKUMAR R.
418 13th Street
ST. Cloud, FL 34769

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  (NOTE: Registered Agent signature required when reinstating)
 DATE **4/28/03**

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, 2000 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

| | | |
|----------------|------------------------------|--|
| TITLE | P50 | <input checked="" type="checkbox"/> Delete |
| NAME | Patel Babubhai N. | |
| STREET ADDRESS | 2035 W. Herndon Ter. | |
| CITY-ST-ZIP | WINTER HAVEN FL 33880 | |
| TITLE | YTD | <input checked="" type="checkbox"/> Delete |
| NAME | Patel Narambhai | |
| STREET ADDRESS | 2035 W. Herndon Ter | |
| CITY-ST-ZIP | WINTER HAVEN FL 33880 | |
| 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 | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|-------------------------------|--|
| 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 | P151T | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Patel Mukeshkumar R. | |
| STREET ADDRESS | 418 13th St | |
| CITY-ST-ZIP | ST. Cloud FL 34769 | |
| 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 | | |

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  DATE **4/28/03** PHONE # **407 892 7077**