Page 1012

AMENDED \_\_\_\_

SIGNATURE: 4

## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

	MENT #		1,9	<i>;</i>	1,-1,-1,-	
DÓCUMENT # P01000003499  1. Entity Name  Jet Server, Inc.				02 JUN - 3	PIL-2:-15	
				05000001411		
					SEGRÉTÁRY OF STATE TALLAHASSEE, ELORIDA 34	
					HELWING 20E	E,-ELORIBA 37
	DO NOT WRI	TË IN THIS	SSPA	VCE		
Principal Place of Business     3. Mailing Address					•	
3800 Southern Blvd.  Suite, Apt. #, etc. Bldg. 1625A, Ste. 208  City & State West Palm Beach, FL			3800 Southern Blvd.			
		Suite, Apt. #, e Bldg. 162		. 208	DO NOT WRITE IN THIS SPACE  4. FEI Number  Applied For	
		City & State	. D l-	77		
Zip	Country	West Palm Zip		Country	67-1077012	Not Applicable
33406	USA	33406	1	JSA	5. Certificate of Status Desired	\$8.75 Additional Fee Required
				Name	7. Name and Address of Current Regis	stered Agent
	DO NOT	WOITE		Vale	des-Fauli Corporate Servic	es, Inc.
				Street Addres	s (P.O. Box Number is Not Acceptable) lagler Drive, Suite 500 Ea	igt
	IN THIS	SPACE				
				City		<b>₹</b> Zin Code
				West	Palm Beach	FL Zip Code 33401
	named epit(v/submits this statem	ent for the purpose of cha	nging its regi	istered office or regis	tered agent, or both, in the State of Florida.	
8. The above	VALOES FAIST CORPO	שמידו לבדסעד לידים	TNO.			
	VALUE FAUTI CORPO	RATE SERVICES,	INC	VP.	/-	15/02
SIGNATURE _	_ VALMES FAULT CORPO	rate services,		V.P.	(red when reinstating)	507
SIGNATURE _	VALUE FATTI CORPO By: Signature. typed or printed name of registered	PATE SERVICES,  Jagent and title if applicable.	(NOTE: Reg	V.P. istered Agent signature requ	ifed when reinstating)	AFE 5/02
9. This corpo	Signature: typed or printed name of registered praction is eligible to satisfy its Intarrequirement and elects to do so.	PATE SERVICES,  a agent and total of applicable.  Ingible Janua	(NOTE: Reg ary 1 - May/ ter May 1 / F	1 Fee is \$150.00 ee is \$550.00	10. Election Campaign Financing	
9. This corpo	Signature typed or printed name of registered pration is eligible to satisfy its Intar	PATE SERVICES,  Jagent and title if applicable.  Ingible Janua  Af	(NOTE: Reg ary 1 - May ter May 1, F	1 Fee is \$150.00	10. Election Campaign Financing Trust Fund Contribution.	S S S May Be Added to Fees
9. This corpo Tax filing r (See criter)	Signature typed or printed name of registered paration is eligible to satisfy its Intar equirement and elects to do so, it on back)	PATE SERVICES,  Jagent and title if applicable.  Ingible Janua  Af	(NOTE: Reg ary 1 - May ter May 1, F	1 Fee is \$150.00 ee is \$550.00 BR is \$61,25 o Department of S	10. Election Campaign Financing Trust Fund Contribution.	
9. This corporate for the state of the state	Signature, typed or printed name of registered praction is eligible to satisfy its Intarrequirement and elects to do so. ia on back)  OFFICERS  DPST	rate services,  agent and true if applicable.  Ingible Janua  Af  Make Chec	(NOTE: Reg Bry 1 - May 1 F ter May 1 F Imended UE k Payable to	1 Fee is \$150.00 ee is \$550.00 BR is \$61.25 o Department of S	10. Election Campaign Financing Trust Fund Contribution.	Added to Fees
9. This corpo Tax filing r (See criter.	Signature, typed or printed name of registered praction is eligible to satisfy its Intarrequirement and elects to do so. ia on back)  OFFICERS  DPST  John Sterrett	agen and tide if applicable.  Ingible Afficial Make Chec	(NOTE: Reg ary 1 - May ter May 1 F mended UE k Payable to	1 Fee is \$150.00 ee is \$550.00 BR is \$61,25 o Department of S	10. Election Campaign Financing Trust Fund Contribution.	Added to Fees
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John Sterrett

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 28, 2002

(561) 616-8663

Daytime Phone #

1



ACCOUNT NO. :

072100000032

REFERENCE

AUTHORIZATION

COST LIMIT :

\$ 61.25

ORDER DATE: June 3, 2002

ORDER TIME : 10:55 AM

ORDER NO. : 605974-005

CUSTOMER NO: 4312909

CUSTOMER: Patti Roehl, Paralegal

Gunster, Yoakley & Stewart,

777 S. Flagler Dr. Suite 500 East

W. Palm Beach, FL 33401-6194

## AMENDED ANNUAL REPORT FILING

NAME: JET SERVER, INC.

XX \_\_ ANNUAL REPORT/AMENDED

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Norma Hull-EXT#1115

EXAMINER'S INITIALS:

