2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT #

P01000019968

1. Entity Name KJO, INC.



Principal Place of Business 4181 NW 1ST AVENUE **BOCA RATON FL 33431**

Mailing Address 4181 NW 1ST AVENUE **BOCA RATON FL 33431**

Principal Place of Business	3. Mailing Address					
Suite, Apt. #, etc.	Suite, Apt. #, etc.					
City & State	City & State					

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

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CHECK HERE IF MAKING CHANGES

		City & State			4. FEI Number 65-1096827			Applied For	
Zip Country		Zip	Zip Cou		ntry 5. Certificate of			Not Applicable \$8.75 Additional	
6. Name and Address of Current Registered Agent PEPITONE, JOANN			Name	AAMO A/	104./	stered A	gent		
4181 NW 1ST AVENUE BOCA RATON FL 33431			Street Address (P.O. Box/Nuy/ber is Not Acceptable)						

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

SIGNATURE Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00

(NOTE: Registered Agent signature required when reinstating)

DATE

After May 1, 2003 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Florida Department of State Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE DP PEPITONE, JOANN **L** Change Addition N/ME NAME STREET ADDRESS 4181 NW 1ST AVENUE STREET ADDRESS **BOCA RATON FL 33431** CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition... NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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

CR2E034 (10/02)