

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 17, 2002 8:00 am
Secretary of State

05-17-2002 90036 023 ***158.75

DOCUMENT # PD1000024102
1. Entity Name
JONAS ENTERPRISES INC ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc. 8703 COBBLER PL
City & State TAMPA FL
Zip 33615 Country USA

3. Mailing Address
Suite, Apt. #, etc. 8703 COBBLER PL
City & State TAMPA FLA
Zip 33615 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3713386 Applied For Not Applicable
5. Certificate of Status Desired **\$8.75** Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent
Name JONAS ENTERPRISES INC
Street Address (P.O. Box Number is Not Acceptable) TAMPA 8703 COBBLER PLACE
City TAMPA FL Zip Code 33615

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 _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)
January 1 - May 1 Fee is \$150.00. After May 1, Fee is \$550.00. Amended UBR is \$61.25. 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 NAME STREET ADDRESS CITY-ST-ZIP	<u>OWNER Michelle Jonas 8703 COBBLER PLACE TAMPA FLA 33615</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Michelle Jonas Michelle Jonas 4-15-01 813 886-8003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)