2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 16, 2003
Secretary of State

DOCUMENT# P01000068562

Entity Name: JEMINEYE, INC.

Current Principal Place of Business:

361 S.W. SOUTH QUICK CIRCLE
PORT ST. LUCIE, FL 34953

New Principal Place of Business:

Current Mailing Address:

361 S.W. SOUTH QUICK CIRCLE
PORT ST. LUCIE, FL 34953

New Mailing Address:

FEI Number: 65-1124034 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LOWERS, DONALD R
361 S.W. SOUTH QUICK CIRCLE
PORT ST. LUCIE, FL 34953

Name and Address of New Registered Agent:

LOWERS, LINDA C
361 S.W. SOUTH QUICK CIRCLE
PORT ST. LUCIE, FL 34953

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: LINDA C. LOWERS 03/16/2003
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: LOWERS, DONALD R
Address: 361 SW SOUTH QUICK CIRCLE
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: VP (X) Delete
Name: LOWERS, LINDA C
Address: 361 SW SOUTH QUICK CIRCLE
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: S ( ) Delete
Name: LOWERS, LADAWNA L
Address: 361 SW SOUTH QUICK CIRCLE
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: T ( ) Delete
Name: LOWERS, KIMBERLY A
Address: 361 SW SOUTH QUICK CIRCLE
City-St-Zip: PORT SAINT LUCIE, FL 34953

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: LOWERS, LINDA C
Address: 361 SW SOUTH QUICK CIRCLE
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LINDA C. LOWERS P 03/16/2003
Electronic Signature of Signing Officer or Director Date