## 2002 Uniform Business Report (UBR)

## Apr 03, 2002 8:00 am Secretary of State DOCUMENT # P01000069596 1. Entity Name 04-03-2002 90493 040 \*\*\*150 00 JEFFERIES ENTERPRISES, INC. Principal Place of Business Mailing Address P.O.BOX 760 147 RAINBOW DR NW FT WALTON BCH FL 32548 GENEVA AL 36340-0706 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State 63-1231573 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent iress of Current Registered Agent Name ELLENBURG, LISA Street Address (P.O. Box Number is Not Acceptable) 1136 ENGLISH LN WESTVILLE FL 32464 Zip Code City FL 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. DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. CR2E034 (9/01) PRES ☐ Addition ☐ Change ☐ Delete TITLE TITLE STOVONC. JOFFERIAS NAME NAME 147 RAINBOWDA NOW STREET ADDRESS STREET ADDRESS FT WOLCOM Bell, FL 32548 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE Delete TITLE WONDY JOFETAILS NAME NAME STREET ADDRESS STREET ADDRESS WALTON BCH. FL 3254X CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Maddition Change TITI F TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jefferies Pros.