2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT#

P01000113493

1. Entity Name JUST 1 MORE, INC.



FILED Feb 21, 2003 8:00 am Secretary of State 02-21-2003 90204 043 ***150.00

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Zp Country Zip Country	Suite, Apt. #, etc.		Suite	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
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Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 6. The above raimed entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, bross or printee name of registered agent and sine if applicable. SIGNATURE Signature, bross or printee name of registered agent and sine if applicable. SIGNATURE Signature, bross of printee name of registered agent and sine if applicable. SIGNATURE Signature, bross of printee name of registered agent and sine if applicable. SIGNATURE Signature, bross of printee name of registered agent and sine if applicable. SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE OFFICENS SSSO.00 Make Check Payable to Florida Department of State 10. OFFICENS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICENS AND DIRECTORS IN 11 NAME SIRET ADDRESS OTH-S1-2P TILE MAKE SIRET ADDRESS OTH-S1-2P TILE SIRET ADDRESS OTH-	6. Name and Address of Current Registered Agent										
SEMINOLE FL. 34642 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the collegations of registered agent and in repetitions. I (NOTE Registered Agent agricus required water algebraic most of registered agent.) **SEMINOLE FL. STONN-TURB Symbox flored or printed named inequired earn and into irapplicable. (NOTE Registered Agent agricus required when ineresticity) DATE	RRAWNER LARRY C					Name					
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		ertify that the information supplie	ed with this filing d	nes not qualify for #		I	tion 11	0.07(2)(i) Elevide Otto 1 17 (i)		45 -4 d - 1	

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 changed, or on an attachment with an arridress, with all other like empowered.

SIGNATURE