2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P02000016911

1. Entity Name JMIZE INVESTMENTS, INC.

Principal Place of Business 14929 ARBOR SPRINGS CIR. #103 **TAMPA FL 33624**

Mailing Address

14929 ARBOR SPRINGS CIR. #103

TAMPA FL 33624

2. Principal P	Place of Busin	ess Ewalk L	ane 175		un eiu u i iii uueiu i	OFI OCIIF BAIRI O	Filir (1810) #1 519 8 1111	0 (1910) (100) (119) (60)				
17518 Preserve Walk Land 17518 Preserve Walk Land Suite, Apt. #, etc.							CHECK HERE IF MAKING CHANGES					
~	City & State Ampa, Florida Tampa, Flor					rida		0366	12		Applied For Not Applicable	
3364°	7	Country	330	647	Country USA		5. Certific	ate of Status I	Desired	□ \$8.75 Fee Re	Additional quired	
6. Name and Address of Current Registered Agent							7. Name and Address of New Registered Agent					
MIZE, JASON PAUL 14929 ARBOR SPRINGS CIR. #103 TAMPA FL 33624						Name Mize, Jason Paul Street Address (P.O. Box Number is Not Acceptable) 17518 Preserve Walk Lane						
					4%	mpa				FL 學	Code 3647	
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 the obligations of registered agent. SIGNATURE Signature, types orbinted name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE												
FILE NOW!!! FEE IS \$550.00 After September 10, 2003 Fee will be \$750.00 Make Check Payable to Florida Department of State							9.	Election Carr Trust Fund C	. •	~ _ *	55.00 May Be added to Fees	
10.	h	OFFICER	S AND DIRECTO		11,		ADDITIO	NS/CHANGES	TO OFFICE	RS AND DIREC		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Mize, Jas 14929 ari Tampa fl	Bor springs c	IR. #103	Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	Jaso 1751 Tam	n Pai 8 Pre	ul Miz serve 1 L 336	e Nalk 47	. 🔟 Cha	inge 🗖 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·			□ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP		- , , -			☐ Cha	nge 🗌 Addition	
NAME STREET ADDRESS CITY-ST-ZIP				Delete	NAME STREET ADDRES CITY-SI-ZIP	SS .				Cha	nge Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	55				☐ Cha	nge Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	SS .				☐ Cha	nge Addition	
NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	SS				☐ Cha	nge Addition	

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

SIGNATURE:

THE REQUIRED

Attachment# <u>80142917</u> P0200016911

August 27, 2003

To Whom It May Concern:

This letter is strictly for forgiveness for the \$400.00 penalty for not filing on time. I moved and somehow the papers did not get forwarded. I promise that this was an honest mistake and it will never happen again. I appreciate your understanding of such an important matter.

Sincerely,

lav Mize