

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-14-2003 90760 022 ***150.00

DOCUMENT # P02000033777			
1. Entity Name JAXMA GREENHOUSE, INC.			
Principal Place of Business 13671 COVINGTON CREEK DR JACKSONVILLE FL 32224		Mailing Address 13671 COVINGTON CREEK DR JACKSONVILLE FL 32224	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 01-0677985		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KWONG-KIM, SHUNG 13671 COVINGTON CREEK DR JACKSONVILLE FL 32224		7. Name and Address of New Registered Agent Name <u>KIM, Shung-Kwon</u> Street Address (P.O. Box Number is Not Acceptable) <u>13671 Covington Creek Dr.</u> City <u>Jacksonville</u> FL <u>32224</u>	
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 <u>[Signature]</u> DATE <u>4.1.2003</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-nesting)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D NAME KWONG-KIM, SHUNG <input checked="" type="checkbox"/> Delete STREET ADDRESS 13671 COVINGTON CREEK DR CITY-ST-ZIP JACKSONVILLE FL 32224	TITLE P NAME Kim, Shung-Kwon <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS 13671 Covington Creek Dr. CITY-ST-ZIP Jacksonville, FL 32224		
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12. 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 persons empowered.			
SIGNATURE: <u>[Signature]</u> REQUIRED		Date <u>4.1.2003.</u> Daytime Phone #	

CR2034 (10/02)