

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

04-28-2003 90326 048 ***150.00

DOCUMENT # P02000035238



1. Entity Name
JEDI MARKETING CONCEPTS, INC.

Principal Place of Business
**8115 COLONIAL VILLAGE DRIVE
#101
TAMPA FL 33625**

Mailing Address
**PO BOX 340261
TAMPA FL 33625**



2. Principal Place of Business
**12101 N. DALE MARRY Hwy.
Suite, Apt. #, etc.
#1605**

3. Mailing Address
**P.O. Box 340261
Suite, Apt. #, etc.**

☐ CHECK HERE IF MAKING CHANGES

City & State
TAMPA, FL.

City & State
TAMPA, FL.

4. FEI Number
01-0653302

Applied For
☐ Not Applicable

Zip Country
33618 USA

Zip Country
33694

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**YOUNG, JAMES E
8115 COLONIAL VILLAGE DRIVE
#101
TAMPA FL 33625**

Name **Young, James E.**
Street Address (P.O. Box Number is Not Acceptable)
12101 N. DALE MARRY Hwy.
#1605
City **TAMPA, FL** Zip Code **33698**

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 **James Ellis Gary**
Signature, typed or printed name of registered agent and title, applicable.

(NOTE: Registered Agent signature required when reinstating)

4-24-03
DATE

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 ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **YOUNG, JAMES E**
STREET ADDRESS **PO BOX 340261**
CITY-ST-ZIP **TAMPA FL 33625**

TITLE **P/S** ☒ Change ☐ Addition
NAME **Young, James E.**
STREET ADDRESS **P.O. Box 340261**
CITY-ST-ZIP **Tampa, FL, 33694**

TITLE **V** ☐ Delete
NAME **YOUNG, JAMES P II**
STREET ADDRESS **4263 LOSCO ROAD, APT. 1424**
CITY-ST-ZIP **JACKSONVILLE FL 32257**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☒ Delete
NAME **YOUNG, DEBRA L**
STREET ADDRESS **8115 COLONIAL VILLAGE DRIVE, #101**
CITY-ST-ZIP **TAMPA FL 33625**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 like empowered.

SIGNATURE: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/03
Date

813-417-5015
Daytime Phone #

CR2E034 (10/02)