

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91767 046 ***150.00

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1. Entity Name
JIREHNI COMMUNICATIONS INC.



Principal Place of Business
6601 CAMDEN BAY DR #207
TAMPA FL 33635

Mailing Address
6601 CAMDEN BAY DR #207
TAMPA FL 33635

2. Principal Place of Business
28135 Ramble Lane
Suite, Apt. #, etc.

3. Mailing Address
7924 Gunston Woods Pl.
Suite, Apt. #, etc.



☒ **CHECK HERE IF MAKING CHANGES**

City & State
Hilliard FL
Zip **32046** **Country** **U.S.**

City & State
Lorton VA
Zip **22079** **Country** **U.S.**

4. FEI Number **41-2043564** **Applied For**
Not Applicable

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

6. Name and Address of Current Registered Agent

WASHINGTON, CHARLOTTE
6601 CAMDEN BAY DR #207
TAMPA FL 33635

7. Name and Address of New Registered Agent

Name **Charlotte Washington**
Street Address (P.O. Box Number is Not Acceptable) **28135 Ramble Lane**
City **Hilliard** **FL** **Zip Code** **32046**

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 *Charlotte Washington/Charlotte Washington, President*
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) **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**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE	P <input type="checkbox"/> Delete
NAME	WASHINGTON, CHARLOTTE
STREET ADDRESS	6601 CAMDEN BAY DR #207
CITY-ST-ZIP	TAMPA FL 33635
TITLE	V <input type="checkbox"/> Delete
NAME	WASHINGTON, JOSHUA
STREET ADDRESS	6601 CAMDEN BAY DR #207
CITY-ST-ZIP	TAMPA FL 33635
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Charlotte Washington
STREET ADDRESS	28135 Ramble Lane
CITY-ST-ZIP	Hilliard, FL 32046
TITLE	Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Joshua Washington
STREET ADDRESS	28135 Ramble Lane
CITY-ST-ZIP	Hilliard, FL 32046
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Charlotte Washington* **Charlotte Washington - President** **703-550-1293**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **4/25/03** **Daytime Phone #**

CR2E034 (10/02)