FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90250 029 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000103066

1. Entity Name

Jeva, Technologies, Incorporated

DO NOT WRITE IN THIS SPACE

11017472

2. Principal Place of Business	3. Mailing Address
9208 Palm River Rd.	9208 Palm River Rd.
Suite, Apt. #, etc.: 303	Suite, Apt. #, etc.: 303
City & State: Tampa, FL	City & State: Tampa, FL
Zip: 33619 Country:	Zip: 33619 Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number — Applied For ☐ / Not Applicable ☒

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Androniki Beavers

Street Address (P.O. Box Number is Not Acceptable): 3403 Cypress Landing Dr.

City: Valrico FL Zip Code: 33594

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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	Beavers, Androniki
STREET ADDRESS	3403 Cypress Landing, Dr.
CITY-ST-ZIP	Valrico, FL 33594

DO NOT WRITE IN THIS SPACE

CR2E034B (12/02)

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

SIGNATURE: Androniki Beavers 4/23/03 (813)490-2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #