

FILED

03 JUN 13 PH 3:17

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

 STATE OF FLORIDA
TALLAHASSEE, FLORIDA

DOCUMENT # P02000104017

1. Entity Name

JO-KO, Inc.



DO NOT WRITE IN THIS SPACE

55047470

DO NOT WRITE IN THIS SPACE

05-02-03 90211 005 \$150.00

2. Principal Place of Business

1909 Harrison Street

3. Mailing Address

1909 Harrison Street

Suite, Apt. #, etc.
Suite 110Suite, Apt. #, etc.
Suite 110City & State
Hollywood, FLCity & State
Hollywood, FL4. FEI Number
71-0917844Applied For
No: ApplicableZip
33020Country
U.S.A.Zip
33020Country
U.S.A.8. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

CHARLES L. NEUSTEIN ESQ.

960 ARTHUR GODFREY ROAD

SUITE 401

MIAMI BEACH

FL 33140

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, your designated name of registered agent, and his or her address.

NOTE: Signature of agent required when rendering.

DATE

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

10. OFFICERS AND DIRECTORS

TITLE	P/T/D
NAME	Kolesky, Herbert
STREET ADDRESS	1909 Harrison Street #110
CITY-ST-ZIP	Hollywood, FL 33020
TITLE	VP/S/D
NAME	Kolesky, JoAnne
STREET ADDRESS	1909 Harrison Street
CITY-ST-ZIP	Hollywood, FL 33020
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE
IN THIS SPACE

CP2003-18 (12/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(5)(b), 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 another like empowered.

SIGNATURE:

HERBERT KOLESKY

HERBERT KOLESKY

6/13/2003 1800-881-0589

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone