2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P02000120836

1. Entity Name

DR. JIMMY, INC.



FILED Apr 14, 2003 8:00 am Secretary of State 04-14-2003 90056 011 ***150.00

Malitry Address VLEARWATER FL 33756 2. Frincipal Place of Eluciness Suite, April 4, sinc. City 4, State City 4, State City 4, State City 5, State City 6, State				<u> </u>									
Sulfa, Apt 4, etc. Sulfa, Apt 5, etc. Sulfa, Apt 5, etc. Sulfa, Apt 5, etc. CheCK HERE IF MAKING CHANSES Zip Country Zip Country Sulfa, Apt 5, etc. Country S. Cerificate of Status Desired \$8.75 Advanced 6. Name and Address of Current Registered Agent 7. Name and Address of Number of Proceedings 6. Name and Address of Current Registered Agent 7. Name and Address of Number of Proceedings 6. Name and Address of Current Registered Agent 7. Name and Address of Number of Proceedings 6. Name and Address of Current Registered Agent 7. Name and Address of Number of Proceedings 6. Name and Address of Current Registered Agent 7. Name and Address of Number of Proceedings 6. Name and Address of Current Registered Agent 7. Name and Address of Number of Proceedings 6. Name and Address of Current Registered Agent 7. Name and Address of Number of Proceedings 6. Name and Address of Current Registered Agent 7. Name and Address of Number of Proceedings 6. Name and Address of Current Registered Agent 7. Name and Address of Number of Process 7. Name and Address 7. Name and Address of Number of Process 7. Name and Address 7. Name and Address of Number of Process 7. Name and Address 7	410 JASMINE WAY				410 JASMINE WAY						1919: (1918))	
City & Sistes City & Sistes	Principal Place of Business 3. Mailing Address								10211001 111 1 2114 11211 12 111 1	HANNI ARIAN MENIA MENI			
Country Zip Country Zip Country Zip Country S. Cardificate of Status Desired St. 75 Additional File PolyMol St. Cardificate of Status Desired St. 75 Additional File PolyMol St. Cardificate of Status Desired St. 75 Additional File PolyMol St. Cardificate of Status Desired St. 75 Additional File PolyMol St. Cardificate of Status Desired St. 75 Additional File PolyMol Street Address of New Registered Agent St. 75 Additional File PolyMol Street Address of New Registered Agent Street Address of New Registered Agent St. 75 Additional File PolyMol Street Address of New Registered Agent St. 75 Additional File PolyMol St. 75 Additional File Pol	Suite, Apt. #, etc.				Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
Country Country Cip Country	City & Stat	e .		City	City & State			4.	. FEI Number 1.6 - 10	03829	1		
GATZA, JAMES W 410 JASMINE WAY CLEARWATER FL 33756 8. The above named entiry submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am hamilliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am hamilliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am hamilliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am hamilliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am hamilliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am hamilliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am hamilliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am hamilliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am hamilliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am hamilliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am hamilliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am hamilliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am hamilliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am hamilliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am hamilliar with, and accept the obligations of registered agent, or both, in the State of Plotida Peace of Please of Plants	Zip	Country Zip C				Countr	у						
Name Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable)	6. Name and Address of Current Registered Agent								7. Name and Address of New Registered Agent				
A10 JASMINE WAY CLEARWATER FL 33756 To 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 tamultar with, and accept the deligations of registered agent, or both, in the State of Florida. I am tamultar with, and accept the deligations of registered agent, or both, in the State of Florida. I am tamultar with, and accept the deligations of registered agent, or both, in the State of Florida. I am tamultar with, and accept the deligations of registered agent, or both, in the State of Florida. I am tamultar with, and accept the deligations of registered agent, or both, in the State of Florida. I am tamultar with, and accept the deligations of registered agent, or both, in the State of Florida. I am tamultar with, and accept the deligations of registered agent, or both, in the State of Florida. I am tamultar with, and accept the deligations of registered agent, or both, in the State of Florida. I am tamultar with, and accept the deligations of registered agent, or both, in the State of Florida. I am tamultar with, and accept the deligations of registered agent, or both, in the State of Florida. I am tamultar with, and accept the deligations of registered agent, or both, in the State of Florida. I am tamultar with, and accept the deligations of registered agent, or both, in the State of Florida. I am tamultar with, and accept the deligations of registered agent, or both, in the State of Florida. I am tamultar with, and accept the deligations of registered agent, or both, in the State of Florida. I am tamultar with, and accept the deligations of registered agent, or both, in the State of Florida. I am tamultar with, and accept the deligations of registered agent, or both, in the State of Florida. I am tamultar with, and accept the deligations of registered agent, or both, in the State of Florida. I am tamultar with, and accept the deligations of registered agent, or both, in the State of Florida. I am tamultar with, and		· ·				. . .	Name	a		4.1 45 - 24	~====		
R. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent or printed name of implicated open entitle if acceptable. SignAl Use Fl. Signature, topinal or printed name of implicated open entitle if acceptable. INOTE Programed Apent signature required when reflecting) DATE						-	Street Address (P.O. Box Number is Not Acceptable)						
B. 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 Special process Control Co									A A P A A A	*****			
SIGNATURE Signature Tile Tile								<u> </u>					
Time Delet Del													
After May 1, 2003 Fee will be \$550.00 May Be Make Check Payable to Florida Department of State 10.	SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE												
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11.	After May 1, 2003 Fee will be \$550.00									· -			
TITLE NAME STREET ADDRESS CITY-ST-2IP Addition NAME STREET ADDRESS CITY-ST-2IP TITLE NAME STREET ADDRESS CITY-ST-2IP Addition NAME STREET ADDRESS CITY-ST-2IP									ADDITIONS/CHANGES TO O	FEICERS AND D	RECTORS	IN 11	
NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP		n	OTTIOE	IO AND BILLEO TO		_			ABBITTOTION OF ILLUCATION OF				
NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-	NAME STREET ADDRESS	GATZA, JAMES W 410 JASMINE WAY				NAME STREET	T ADDRESS				Ţ		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS				☐ Delete	NAME STREET	T ADDRESS] Change	Addition	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE				☐ Delete	TITLE					Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS			, , , ,		STREET	T ADDRESS	•					
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	NAME				☐ Delete	NAME] Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP													
TITLE Delete TITLE Change Addition NAME NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP <td>NAME STREET ADDRESS</td> <td></td> <td></td> <td>,</td> <td>☐ Delete</td> <td>NAME STREET</td> <td></td> <td></td> <td></td> <td>Ε</td> <td>] Change</td> <td>☐ Addition</td>	NAME STREET ADDRESS			,	☐ Delete	NAME STREET				Ε] Change	☐ Addition	
CITY-ST-ZIP CITY-ST-ZIP	TITLE NAME		,		☐ Delete	TITLE			. MADE INC.	С	Change	Addition	
	CITY-ST-ZIP		- !-6	Carlanda o Sarr		CITY-5	ST-ZIP	im Oc -*!	= 440 07/0V/V Flacida 04-4-4-	o I famely a serie.	that the :-	oformation .	

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: