

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000160179

Entity Name: JEWEL NIGHTCLUB INC.

FILED
May 06, 2009
Secretary of State

Current Principal Place of Business:

233 W. UNIVERSITY AVE.
GAINESVILLE, FL 32601 US

New Principal Place of Business:

Current Mailing Address:

233 W UNIVERSITY AVE
GAINESVILLE, FL 32601 US

New Mailing Address:

FEI Number: 20-1977531

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GUBA, TIBOR A
233 W. UNIVERSITY AVE.
GAINESVILLE, FL 32601 US

Name and Address of New Registered Agent:

GUBA, EDINA
233 W. UNIVERSITY AVE.
GAINESVILLE, FL 32601 US

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.

SIGNATURE: EDINA GUBA

05/06/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GUBA, TIBOR A
Address: 233 W UNIVERSITY AVE
City-St-Zip: GAINESVILLE, FL 32601

Title: VP () Delete
Name: GUBA, EDINA
Address: 233 W UNIVERSITY AVE.
City-St-Zip: GAINESVILLE, FL 32601

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: GUBA, EDINA
Address: 233 W UNIVERSITY AVE
City-St-Zip: GAINESVILLE, FL 32601

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: O () Change (X) Addition
Name: MOSSERI, ALICE
Address: 233 W UNIVERSITY AVE
City-St-Zip: GAINESVILLE, FL 32601

Title: O () Change (X) Addition
Name: GRANT, SADANE
Address: 233 W UNIVERSITY AVE
City-St-Zip: GAINESVILLE, FL 32601

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDINA GUBA

P

05/06/2009

Electronic Signature of Signing Officer or Director

Date