FILED

## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Apr 30, 2001 8:00 am Secretary of State DOCUMENT # P9300001927 JUST IN TIME PRINTING, INC. 04-30-2001 90438 032 \*\*\*150.00 Principal Place of Business Mailing Address 324 FERRIS ST 324 FERRIS ST GREEN COVE SPRINGS FL 32043 GREEN COVE SPRINGS FL 32043 C0056263 3. Mailing Address Principal Place of Business DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3159144 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent GIONET, GEORGE J Street Address (P.O. Box Number is Not Acceptable) 324 FERRIS ST **GREEN COVE SPRINGS FL 32043** City Zip Code FI 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE'IS"\$150:00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Addition CR2E034 (10/00) TITLE Delete TITI F GIONET, GEORGE J NAME NAME 324 FERRIS ST STREET ADDRESS STREET ADDRESS. **GREEN COVE SPRINGS FL 32043** CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition GIONET, JEANNE G NAME NAME 324 FERRIS ST. STREET ADDRESS STREET ADDRESS **GREEN COVE SPGS. FL 32043** CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET SOURCESS GIONET, JEANNE G NAME 324 FERRIS ST STREET ADDRESS CITY-ST-ZIP **GREEN COVE SPRINGS FL** CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition GIONET, JEFFREY J NAME 324 FERRIS ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **GREEN COVE SP FL 32043** CITY-ST-ZIP ☐ Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 11 or Block 12 if

SIGNATURE:

changed, or on an attachment with an address, with all of

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04- 13-01 904-284-202