## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P93000049125 Jan 12, 2000 8:00 am **Secretary of State** JAZZ ATTACK, INC. 01-12-2000 90102 004 \*\*\*150.00 Principal Place of Business Mailing Address 3936 S SEMORAN BLVD. 3936 S. SEMORAN BLVD. ORLANDO FL 32822 ORLANDO FL 32822-4015 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3193399 Not Applicable Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name KOPF, RONALD W Street Address (P.O. Box Number is Not Acceptable) 3406 CHATSWORTH LN ORLANDO FL 32812 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00. 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12 11. **PSTM** ☐ Addition Delete TITLE TITLE KOPF, RONALD W NAME NAME 3406 CHATSWORTH LN STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Orlando fl CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE NAME C 20 115 113 NAME STREET ADDRESS STREET ADDRESS Experiment of Same CITY-ST-ZIP CITY-ST-ZIP TITLE SAMOAT y介理描述数据数据,1911年,1915年,19 Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Delete ■ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE Delete ☐ Addition TITLE [ ] Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST-ZIP---

changed, or on an attachment with an address, with all other like empoy

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