FILED

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Feb 14, 2001 8:00 am DOCUMENT # P93000070360 **Secretary of State** 1. Entity Name JOBERN, INC. 02-14-2001 90024 023 ***150.00 Principal Place of Business Mailing Address SOUS PALOMA DR 10704 PRESERVE LAKE 5000 PALOMA DR 10704 PRESERVE TAMPA FL-33624-TAMPA FL. 336241 U 4 4 0 1 H 33626 33626 2. Principal Place of Business 3. Mailing Address 10704 PRESERVE LAKE 5AMB Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE APTH 104 City & State City & State 4. FEI Number Applied For 59-3203447 TAMPA Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 33626 U.S.A. Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SOLETO, JOSEPH J SR Street Address (P.O. Box Number is Not Acceptable) 5038 PALOMA DR 10704 PRESERVE LAKE DR. TAMPA FL 33624 33626 Zip Code City 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. 2-12-01 SIGNATURE Signature, t (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 -9. This corporation is bligible 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE Delete TITLE **Change** Addition EPSTEIN, BERNARD NAME NAME 4114 NORTHMEADOW CIRCLE 10382 CARROLLWOOD LN APT 214 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMPA FL CITY-ST-ZIP TAMPA FL. TITLE TITLE ☐ Delete SOLETO, JOSEPH J SR. NAME NAME 10704 PRESERVE LAKE DA. 5038 PALOMA DRIVE 10704 PRESERVE LAKE DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMPA FL 33624-4344, 33626 - 4441 CITY-ST-ZIP TAMPA PL. 33626- 4441 TITLE ☐ Delete TITLE ☐ Chance ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ 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 changed, or on an attachment with an address, with all other like empowered.