## **FILED**

2002	· UIIII	LOUIN DOSI	NESS NEPO	n i	CODE	<u>'</u>	Ian 30 200	<b>02 8.</b> 0	10 am	
DOCUMENT # P93000084241  JOBECOS HOLDINGS, INC.							Jan 30, 2002 8:00 am Secretary of State 01-30-2002 90032 022 ***150.00			
JOBECO	S HOLDII	NGS, INC.					01-30-2002 9003	2 022 ****13	30.00	
Principal Place of Business Mailing Address										
· 1070 DELACROIX CIR MOKOMIS: FL 34275 US			1070 CELACROIX CIR NOKOMIS FL 34275 US							
, i										
2. Principal P	lace of Busin	ess	3. Mailing Address				L EBRAIDDI IAN ABAND LAILA BULII DOLLA BUARA	20101 IENN DIEND NI	191 BIRRI IIRI (RAI	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN TI	∃IS SPACE		
City & State			City & State			<b>4.</b> F	El Number <b>65-0453236</b>		Applied For Not Applicable	
Zip	Zip Country		Zip Country		itry	5. (	5. Certificate of Status Desired   \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent					
0000000					Name					
CONNELY, JAMES A 1070 DELACROIX DIR			S		Street Ad	ldress (P.O. B	ox Number is Not Acceptable)			
NOKOMIS FL 34275										
					City	City FL Zip Code				
8. The above	named entity	submits this statement for t	the purpose of changing its	register	ed office or	registered age	ent, or both, in the State of Florida.			
•										
SIGNATURE .	Signature, typed	or printed name of registered agent an	d title if applicable. (NOTE	: Registere	d Agent signatur	re required when re	instating) DA	ATÉ		
9:3This corpo	oration is eligi	ble to satisfy its Intangible	FILE NOW!	! FEE	IS \$150.0	10	40 Floring Committee Floring		00	
Tax filing requirement and elects to do so. (See criteria on back)			After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of St				<ol><li>Election Campaign Financing Trust Fund Contribution.</li></ol>		.00 May Be led to Fees	
11. OFFICERS AND				12.			DITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 11	
TITLE	D		☐ Delete TITL			•		☐ Change	e 🔲 Addition	
NAME STREET ADDRESS CITY-ST-ZIP	1070 DEL	LY, JAMES A ACROIX CIR 5 FL 34275			EET ADDRESS -ST-ZIP					
TITLE	D	:	☐ Delete	TITL				☐ Change	Addition	
NAME STREET ADDRESS	BEACOM,	ROGER RENTO RANCH DR		NAM STRI	EET ADDRESS		•			
CITY-ST-ZIP		FL 34275			-ST-ZIP					
TITLE .	D		☐ Delete	TITL	1	-		Change	e	
NAME STREET ADDRESS	JOELSON	i, ray r Lpine dr NW		NAM STRI	EET ADDRESS					
CITY-ST-ZIP		GA 30327	<del></del>	CITY	-ST-ZIP	<u>.</u>	<u> </u>	·		
TITLE NAME			☐ Delete	TITL				Change	e 🗌 Addition	
STREET ADDRESS					EET ADDRESS				Ì	
CITY-ST-ZIP				CITY	-ST-ZIP					
TITLE NAME			☐ Delete	TITL				☐ Change	e	
STREET ADDRESS					EET ADDRESS				Ì	
CITY-ST-ZIP				-	-ST-ZIP					
TITLE NAME			☐ Delete	TITL				☐ Change	e	
STREET ADDRESS				STRI	ET ADDRESS					
CITY-ST-ZIP	antifu that the	Lafarantian augustiant with the	his filling doop not qualify to-		-ST-ZIP	nd in Section 1	(10.07/3)(i) Florida Statutas I furtho	r cortifu that the	information	

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayline Phone #