2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000084242

1. Entity Name

JOBECOS DEVELOPMENT I, INC.

FILED Jan 14, 2000 8:00 am Secretary of State 01-14-2000 90054 015 ***150.00

Zip Country Zip Country 5. Certificate of Status Desired 5. S. Certificate of Status Desired 5. S. To Address of New Registered Agent 7. Name and Address of New Registered Agent Fee Required Fee Requi						01-14-2000 20034 0	715 150.00	,
NOKOMS FL 34275 Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & FL	Principal Place of Business Mailing Address							
Suite, Apt. #, etc. City & State City & State Country Zip Country Zip Country Zip Country S. Certificate of Status Desired 65-0453230 Applie Not A 58-75 Additic File Required For Name and Address of Current Registered Agent Name CONNELLY, JAMES A 1070 DELACROIX CIR NOKOMIS F1 34275 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered different required when entitled to the purpose of changing its registered different required when entitleding) Mate Corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. Mate Check Payable to Department of Status Added to Mate May 1, 2000 Fee with be \$55.00 Mate Check Payable to Department of Status OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS TILE MAKE CITY-S1-2P CITY MAKE SIRRIA MORES SIRR	NOKOMIS FL 34275		NOKOMIS FL 34275-4561		}		- - 	-
City & State City & State City & State Country City FL Zip Code City FL Zip Code City FL Zip Code City FL Zip Code City FL	2. Principal Place of Business		3. Mailing Address					
Zip Country Zip Country 5. Certificate of Status Desired 5. S. Certificate of Status Desired 5. S. To Address of New Registered Agent 7. Name and Address of New Registered Agent Fee Required Fee Requi	Suite, Apt.	#, etc	Suite, Apt. #, etc.	· · · · · · · · · · · · · · · · · · ·		DO NOT WRITE	IN THIS SPACE	
6. Name and Address of Current Registered Agent CONNELLY, JAMES A 1070 DELACROIX CIR NOKOMIS FL 34275 City FL 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, typed or printed frame of registered gend and title if application. PILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN MAKE SITIET ADDRESS CITY-S1-2P D D Delete TITLE D D DELACROIX CIR NOKOMIS FL 34275 TITLE D D Delete TITLE D D Delete TITLE D D Delete TITLE D D DELACROIX CIR NOKOMIS FL 34275 TITLE D D Delete TITLE D D DELACROIX CIR NOKOMIS FL 34275 TITLE D D Delete TITLE NAME SIREET ADDRESS CITY-S1-2P TITLE D Delete SIREET ADDRESS CITY-S1-2P TITLE D DELETORESS CITY-S1-2P TITLE D DELETORES CARDENSS CITY-S1-2P TITLE NAME SIREET ADDRESS CITY-S1-2P TITLE D DELETORES CARDENSS CITY-S1-2P TITLE NAME SIREET ADDRESS CITY-S1-2P TITLE NAME SIREET ADDRESS CITY-S1-2P TITLE NAME SIREET ADDRESS CITY-S1-2P TITLE NAME SIR	City & State		City & State		4.	4. FEI Number 65-0453230 Applie		
CONNELLY, JAMES A 1070 DELACROIX CIR NOKOMIS FL 34275 City FL 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. (NOTE: Registered Agent signature required when reintability) 9. This corporation is eligible to satisfy its Intangible Tax Ring requirement and elects to do so. Signature and elects to do so. After MAY 1, 2000 Fee will be \$550.00 After MAY 1, 2000 Fee will be \$550.00 After MAY 1, 2000 Fee will be \$550.00 Active MAY 1, 2000 Fee will be \$550.00 Active May 1, 2000 Fee will be \$500.00 Active May 1, 20	Zip	Country	Zip	Country	5.	Certificate of Status Desired		
CONNELLY, JAMES A 1070 DELACROIX CIR NOKOMIS FL 34275 City FL Zip Code		6. Name and Address of Current	Registered Agent		7.	Name and Address of New Reg	istered Agent	
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) Tax filing requirement and elects to do so. (See criteria on back) DFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN NAME STREET ADDRESS OITY-ST-ZIP NOKOMIS FL 34275 TITLE D DELACROIX CIR NOKOMIS FL 34275 TITLE D DEBEACOM, ROGER 241 SORRENTO RANCH DR STREET ADDRESS OITY-ST-ZIP TITLE D DELACROIX GRAY R STREET ADDRESS OITY-ST-ZIP TITLE D Delete TITLE MAME STREET ADDRESS OITY-ST-ZIP TITLE D Delete TITLE AMAGE STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE D Delete STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS	1070	DELACROIX CIR			Address (P.O. E	Box Number is Not Acceptable)		-
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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 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 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 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 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 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 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 indicated on this report of 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 indicated on this report of supplemental report is true and that my signature shall have the same legal effect as if made under oath; that I am an officer or indicated on this report of supplemental report is true and that my signature shall have the same legal effect as if made under oath; that I am an officer or indicated on this report of supplemental report of supplemental

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #