

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2003 8:00 am
Secretary of State

01-16-2003 90052 047 ***150.00

DOCUMENT # P93000084242

1. Entity Name
JOBECOS DEVELOPMENT I, INC.



Principal Place of Business
**1070 DELACROIX CIR
NOKOMIS FL 34275
US**

Mailing Address
**1070 DELACROIX CIR
NOKOMIS FL 34275
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0453230**

Applied For
Not Applicable

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

**CONNELLY, JAMES A
1070 DELACROIX CIR
NOKOMIS FL 34275**

Name
Street Address (P.O. Box Number is Not Acceptable)
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	D CONNELLY, JAMES A	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	1070 DELACROIX CIR		
	NOKOMIS FL 34275		
<input type="checkbox"/> Delete	D BEACOM, ROGER	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	241 SORRENTO RANCH DR		
	NOKOMIS FL 34275		
<input type="checkbox"/> Delete	D JOELSON, RAY R	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	4551 TALLPINE DR NW		
	ATLANTA GA 30327		
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **JAMES A CONNELLY**, Director

Date: **1/16/03** Daytime Phone #: **(941) 497-2353**

CR2E034 (10/02)