FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9500016513

1. Entity Name
Sidejobs, INC.

FILED Apr 07, 2003 8:00 am Secretary of State

04-07-2003 90977 032 ***150.00

		V			
DO NOT WRITE	IN THIS SP	ACE	70035268		
2. Principal Place of Business Ab Ruken LANE	3. Mailing Address 26 Ruken	1 0015			
Suite, Apt. #etc.	Suite, Apt. #, etc.	Dave	DO NOT WRITE IN THIS	S SPACE	
PALM COAST FL	PALM COAS	ST FL	4. FEI Number 59 - 329 8667	Applied For Not Applicable	
Zip Country US	Zip 32164	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
and the second s		to the Section of the second o	7. Name and Address of Current Register	ed Agent	
DO NOT WRITE		UN, LEONARD			
DO_NOT_WRITE		-Street Address (- Street Address (P.O. Box Number is: Not Acceptable)		
IN THIS SPACE		RYKEN LANE.			
		City Day of	COAST F	L Zip Code	
		型標準等 (71017	· ••// • · · · · · · · · · · · · · · · ·		
8. The above named entity submits this statement for the obligations degreed agent. SIGNATURE Signature typed or printed name of registered agent.	S. Eur	egistered office or register	4-2-	n familiar with, and accept	
SIGNATURE Signature Typed of printed name of registered agent. January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of	and title if applicable.		when reinstating) 9. Election Campaign Financing	n familiar with, and accept	
SIGNATURE Signature typed or printed name of registered agent January 1 - May 1 Fee is \$150.00 • After May 1, Fee is \$550.00 Amended UBR is \$61.25	and title if applicable.	Registered Agent signature required	when reinstating) 9. Election Campaign Financing	\$5.00 May Be	
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the obligations and period agent. SIGNATURE June Typed or printed name of registered agent and the state of	and title if applicable.	Registered Agent signature required TITLE NAME STREET ADDRESS GITY: S1: 219	when reinstating) 9. Election Campaign Financing	familiar with, and accept 3 \$5.00 May Be	
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CITY-ST-ZIP IN THIS SPACE TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TILE . NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHTY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 on an attachment with an address with all other like empoyered.

SIGNATURE: _

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

4-2-03

4379351 Daytime Phone # CR2E034B (12/0)