## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## **FILED** Mar 08, 2000 8:00 am Secretary of State DOCUMENT # P95000039696 1. Entity Name JEO ENTERPRISES, INC. 03-08-2000 90001 025 \*\*\*150.00 Principal Place of Business Mailing Address BARBARA AVENUE 1000 Barbara Avenue Schillini F FL 32207 JACKSONVILLE FL 32207-8774 818976 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-3314775 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name O'BRIEN, DORIS A Street Address (P.O. Box Number is Not Acceptable) 10670 HOGAN RD LIVE OAK FL 32060 Zip Code City FL 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 (NOTE: Registered Agent signature required when reinstating) DATE , typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 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. CR2E034 (9/99) ☐ Delete TITLE Change TITLE O'BRIEN, DORIS A NAME NAME 10670 HOGAN RD STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP LIVE OAK FL 32060 Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition - 🖂 Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CJTY-ST-ZJP CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$1-ZIP Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 attachr with an address, with all other like empowered

Date

Daytime Phone #