## 2001 UNIFORM BUSINESS REPORT (UBR)

## Apr 26, 2001 8:00 am Secretary of State DOCUMENT # P95000072447 1. Entity Name JOBRUCE, INC. 04-26-2001 90060 032 \*\*\*150.00 Principal Place of Business Mailing Address 6669 26TH STREET NORTH 6669 26TH STREET NORTH ST. PETERSBURG FL 33702 ST. PETERSBURG FL 33702 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3336198 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent STEELE, ALISON ESQ Street Address (P.O. Box Number is Not Acceptable) THE ALEXANDER BLDG 535 CENTRAL AVE ST PETERSBURG FL 33701 City 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 recurred when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN: 1: 11. OFFICERS AND DIRECTORS 12. **PSTD** TITLE ☐ Delete Addition BRADLEY, ALAN BRUCE NAME NAME 6669 26TH STREET NORTH STREET ADDRESS STREET ADDRESS ST. PETERSBURG FL 33702 CITY-ST-ZIP CETY-ST-ZIP Acdition TITLE ☐ Delete TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CLTY-ST-7IP CITY-ST-ZIP ☐ Channe ☐ Addition ☐ Delete TIME TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST- ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP ☐ Delete Change Addition T.T.E NAMS NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Fiorida Statutes. I further cortify 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. ALAN BRUCE BRADLEY 4-18-01

CITY-ST-ZIP

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**FILED**