

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P95 0000 72757
1. Entity Name
JSK Corp.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5795 Mining Terraces
Suite, Apt. #, etc.
3. Mailing Address
5795 Mining Terraces
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
JACKSONVILLE, FL
Zip 32257 Country USA
City & State
JACKSONVILLE, FL
Zip 32257 Country USA

4. FEI Number
59-3344204
Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent
Name
MARGUERITE K. Mumford
Street Address (P.O. Box Number is Not Acceptable)
1633 Silver Street
City JACKSONVILLE FL Zip Code 32206

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 *Marguerite Mumford*
Signature typed or printed of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)
DATE 4-30-02

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.
January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State.
10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE President
NAME Marguerite K. Mumford
STREET ADDRESS 1633 Silver Street
CITY-ST-ZIP JACKSONVILLE, FL 32206

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Vice President
NAME Michael G Mumford
STREET ADDRESS 1633 Silver Street
CITY-ST-ZIP JACKSONVILLE, FL 32206

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Secretary
NAME Chris Klein
STREET ADDRESS 106 Bermuda Court
CITY-ST-ZIP Ponte Vedra Beach, FL 32082

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 807, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: *Marguerite Mumford*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DATE 4-30-02
Daytime Phone #

CR2E034B (12/01)