2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOCUMENT # **P95000090686** May 13, 2000 8:00 am Secretary of State 1. Entity Name JUMPSTART ENTERPRISES, INC. 05-13-2000 90033 041 ***150.00 Principal Place of Business Mailing Address 3840 FORSYTHE WAY 3840 FORSYTHE WAY TALLAHASSEE FL 32308 TALLAHASSEE FL 32308-2532 2. Principal Place of Business 90 Edgewater DR 90 EdgeWater DR Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3351295 DRAL GABLES Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 33133 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent STEIN, CAROLE S (P.O. Box Number is Not Acceptable) 3840 FORSYTHE WAY TALLAHASSEE FL 32308 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 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, 2000 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 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **PSD** TITLE Change ☐ Addition TITLE ☐ Delete Stens CAROLES Gob, Stens, 90 Edgewoder STEIN, CAROLE S. NAME NAME STREET ADDRESS 3840 FORSYTHE WAY STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TALLAHASSEE FL 32308 ☐ Addition **Change** ☐ Delete TITLE TITLE STEIN, BERNARD DANE NAME NAME 0 Edgewater 90 EDGEWATER DR., PH 16 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **CORAL GABLES FL 33133** CITY-ST-7IP ☐ Delete TITLE Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITI F ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITI F NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other, like empowered.