

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2000 8:00 am
Secretary of State

05-13-2000 90033 041 ***150.00

DOCUMENT # P95000090686

1. Entity Name

JUMPSTART ENTERPRISES, INC.

Principal Place of Business

Mailing Address

3840 FORSYTHE WAY
TALLAHASSEE FL 32308

3840 FORSYTHE WAY
TALLAHASSEE FL 32308-2532

2. Principal Place of Business

3. Mailing Address

90 Edgewater DR

90 Edgewater DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

904

904

City & State

City & State

CORAL GABLES

CORAL GABLES

Zip
33133

Country

DATE

Zip
33133

Country

DATE



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-335 1295

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STEIN, CAROLE S
3840 FORSYTHE WAY
TALLAHASSEE FL 32308

Name CAROLE S, STEIN

Street Address (P.O. Box Number is Not Acceptable)

C/O B. STEIN

90 Edgewater Dr #904

City

CORAL GABLES

FL

Zip Code

33133

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 CAROLE S. STEIN President, Carole S. Stein 4/19/00

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSD Delete
 NAME STEIN, CAROLE S.
 STREET ADDRESS 3840 FORSYTHE WAY
 CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE PSD Change Addition
 NAME STEIN, CAROLE S.
 STREET ADDRESS C/O B. STEIN, 90 Edgewater Dr #904
 CITY-ST-ZIP CORAL GABLES FL 33133

TITLE V Delete
 NAME STEIN, BERNARD DANE
 STREET ADDRESS 90 EDGEWATER DR., PH 16
 CITY-ST-ZIP CORAL GABLES FL 33133

TITLE V Change Addition
 NAME STEIN, BERNARD DANE
 STREET ADDRESS 90 Edgewater Dr #904
 CITY-ST-ZIP CORAL GABLES FL 33133

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 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)(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.

SIGNATURE: Carole S. Stein 4/19/00 CAROLE S. STEIN 813-205-7799

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CRPFC14 (3/99)