FILED
May 29, 2002 8:00 am
Secretary of State
05-29-2002 93595 015 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000090686

1. Entity Name
JUMPSTART ENTERPRISES INC

673536

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1020 NW 93 Ave	1020 NW 93 Ave
Suite, Apt. #, etc. PLANTATION	Suite, Apt. #, etc.
City & State FL	City & State PLANTATION FL
Zip 33322 Country BROWARD	Zip 33322 Country BROWARD

4. FEI Number 59-3351295 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name CAROLE S. STEIN

Street Address (P.O. Box Number is Not Acceptable)
1020 NW 93 Ave

City PLANTATION FL Zip Code 33322

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 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) ☒

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	CAROLE S. STEIN
STREET ADDRESS	1020 NW 93 Ave
CITY-ST-ZIP	PLANTATION FL 33322
TITLE	Secretary
NAME	CAROLE S. STEIN
STREET ADDRESS	1020 NW 93 Ave
CITY-ST-ZIP	PLANTATION FL 33322
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Carole S. Stein PRESIDENT 4/17/02 954-370-0630
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #