FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90215 047 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000090686

90104254

1. Entity Name
JUMPSTART ENTERPRISES, INC.

Principal Place of Business	Mailing Address
1020 NW 93 AVE PLANTATION, FL 33322	1020 NW 93 AVE PLANTATION, FL 33322

2. Principal Place of Business	3. Mailing Address
8251 MARSALA WAY	8251 MARSALA WAY
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: BOYNTON BEACH	City & State: BOYNTON BEACH
Zip: 33437 Country: PALM BCH	Zip: 33437 Country: PALM BCH

☑ CHECK HERE IF MAKING CHANGES

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

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

6. Name and Address of Current Registered Agent

STEIN, CAROLE S
1020 NW 93 AVE
PLANTATION, FL 33322

7. Name and Address of New Registered Agent

Name: CAROLE S. STEIN
Street Address (P.O. Box Number Is Not Acceptable): 8251 MARSALA WAY
City: BOYNTON BEACH FL Zip Code: 33437

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: CAROLE S. STEIN Carole S. Stein 4/22/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! Fee is $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE: P NAME: STEIN, CAROLE S. STREET ADDRESS: ~~1020 NW 93 AVE~~ 8251 MARSALA WAY CITY-ST-ZIP: ~~PLANTATION, FL 33322~~ BOYNTON BCH FL 33437	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE: S NAME: STEIN, CAROLE S STREET ADDRESS: ~~1020 NW 93 AVE~~ 8251 MARSALA WAY CITY-ST-ZIP: ~~PLANTATION, FL 33322~~ BOYNTON BCH, FL 33437	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROLE S. STEIN Carole S. Stein 4/22/03 561-733-3087
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/02)