2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2000 8:00 am
Secretary of State
02-26-2000 90080 005 ***150.00

DOCUMENT # P95000095462

1. Entity Name

JUST FUNKIN, INC.

Principal Place of Business	Mailing Address
1636 MAIN STREET SARASOTA FL 34236 US	6340 TARAWA DRIVE SARASOTA FL 34241-5640 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2743 GREEN DALE DRIVE	5900 S. TAMIAMI TRAIL
Suite, Apt. #, etc.	Suite, Apt. #, etc. #I
City & State: SARASOTA FL	City & State: SARASOTA FL
Zip: 34232 Country: USA	Zip: 34231 Country: USA

4. FEI Number 65-0634130 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LONDONO, G.B.
C/O 5900 S TAMIAMI TRAIL
STE I
SARASOTA FL 34231

7. Name and Address of New Registered Agent

Name: CATHERINE L. ASTRONSKAS
Street Address (P.O. Box Number is Not Acceptable): 5900 S. TAMIAMI TRAIL
SUITE I
City: SARASOTA FL Zip Code: 34231

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: Catherine L Astronskas 2-1-00
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 NAME STREET ADDRESS CITY-ST-ZIP	PTD LONDONO, G. B. 2743 GREENDALE DRIVE SARASOTA FL 34232	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD SHIMA, MICHAEL J. 6340 TARAWA DRIVE SARASOTA FL 34241	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/99)

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: SIGNATURE REQUIRED FEB 8-2000 941-379-4161
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #