

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 09, 2002 8:00 am
Secretary of State

09-09-2002 90027 042 ***550.00

DOCUMENT # P95000095462

1. Entity Name
JUST FUNKIN, INC.

Principal Place of Business
2743 GREENDALE DR
SARASOTA FL 34232
US

Mailing Address
5900 S. TAMAMI TRL
I
SARASOTA FL 34231
US



2. Principal Place of Business

5900 S. TAMAMI TRAIL

3. Mailing Address

Suite, Apt. #, etc.

SUITE I

City & State
Sarasota FL

City & State

4. FEI Number **65-0634130**

Applied For
 Not Applicable

DO NOT WRITE IN THIS SPACE

Zip
34231

Country
USA

Zip

Country

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

6. Name and Address of Current Registered Agent

ASTONSKAS, CATHERINE L
5900 S TAMAMI 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. TAMAMI TRAIL
SUITE I
 City **SARASOTA** **FL** **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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Catherine L. Astronskas**
 Signature, typed or printed name of registered agent and title if applicable.

9-3-02
 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 \$550.00
After September 13, 2002 Fee will be \$750.00
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

TITLE **P/D** **P/D** ☐ Delete
 NAME **LONDONO, G. B.**
 STREET ADDRESS **2743 GREENDALE DRIVE**
 CITY-ST-ZIP **SARASOTA FL 34232**

TITLE **VSD** ☒ Delete
 NAME **SHIMA, MICHAEL**
 STREET ADDRESS **6340 TARAWA DRIVE**
 CITY-ST-ZIP **SARASOTA FL 34231**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P/D** ☒ Change ☐ Addition
 NAME **LONDONO, G. B.**
 STREET ADDRESS **2343 MAIN STREET**
 CITY-ST-ZIP **SARASOTA FL 34237**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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: **SIGNATURE REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/3/02 (941)362-9073
 Date Daytime Phone #

CR2E034 (4/02)