## 2001 UNIFORM BUSINESS REPORT (UBR) **FILED** Feb 05, 2001 8:00 am Secretary of State DOCUMENT # P96000024079 1. Entity Name JIMSHARE MARKETING, INC. 02-05-2001 90049 029 \*\*\*150.00 Mailing Address Principal Place of Business 3021 RIDGEDALE CIRCLE 3021 RIDGEDALE CIRCLE VALRICO FL 33594 VALRICO FL 33594 47014 2. Principal Place of Business 3201 Riobe Vale Circle 3201 RIDGE VALE CINCLE Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Applied For City & State -4. FEI Number 59-3405061 Not Applicable Country (J.S.A.) \$8.75 Additional 5. Certificate of Status Desired Fee Required BOTOGGA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent VOTOUR, JAMES E JR Street Address (P.O. Box Number is Not Acceptable) LP UINA Professional 3021 RIDGEVALE CR VALRICO FL 33594 150 WEST LUMSDEN ROAD ADDON of changi ig its registered office or registered agent, or both, in the State of Florida 8. The above named entity submits this SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. **☒** Addition ☐ Change Delete TITLE TITLE VOTOUR, JAMES E. JR. VOTOUR, JAMES E JR 3021 RiogE Vale Cincle NAME 3021 RIDGEDALE CIR STREET ADDRESS STREET ADDRESS VALRICO, F1. 33594 CITY-ST-ZIP CITY-ST-ZIP VALRICO FL 33594 ☐ Change ☐ Delete TITI F TITLE VOTOUR SHARON K. . 3021 RIDGE VALE CIRCLE VALRICO, Fl. 33594 VOTOUR, SHARON NAME NAME 3021 RIDGEDALE CIR STREET ADDRESS STREET ADDRESS VALRICO FL 33594 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 1+3.07(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 earne 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

1-7-2000

813-643-1879

Daytime Phone #