2001 UNIFORM BUSINESS REPORT (UBR)

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

May 02, 2001 8:00 am DOCUMENT # **P96000053940** Secretary of State JEBX CORPORATION 05-02-2001 90093 030 ***150.00 Principal Place of Business Mailing Address 509 HERBERT ST UNIT K 1648 TAYLOR ROAD PORT ORANGE FL 32127 **SUITE 333** DAYTONA BEACH FL 32124 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3384265 Not Applicable Zip Country Country Zio \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GRAHAM, EDSON H 70 ALBERTA AVE PONCE INLET FL 32127 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. TITLE TITLE ☐ Delete GRAHAM, EDSON H NAME NAME 70 ALBERTA AVE STREET ADDRESS STREET ADDRESS PONCE INLET FL 32127 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE YOVANOVICH, MICHAEL C NAME NAME 2165 ORANGE DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DAYTONA BEACH FL 32124 CITY-ST-ZIP Delete TITLE DILE MOSS, RIGHAED NAME 194 RICHARDSON ST SE STREET ADDRESS STREET ADDRESS PALM BAY-FL 32909 --CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition MOSS, SHERRY L NAME NAME 194 RICHARDSON ST-SE STREET ADDRESS STREET ADDRESS PALM BAY FL 32909 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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