2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P96000095972 01-19-2000 90014 035 ***150.00 JARCO CONSULTING SERVICES, INC. US

FILED Jan 19, 2000 8:00 am Secretary of State

rincipal Place of Business 49 HILLSBORO MILE			Mailing Address 1149 HILLSBORO MILE									
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. Principal Pl	lace of Busin	ess	3. Mailing Address									
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
City & State			City & State			4	4. FEI Number 65-0708123 Applied For					
·									<u> </u>		Not Applicable	
Zip		Country	Zip	Coun	Country		. Certificate of	Status Desired		\$8.75 Add Fee Require		
	6. Name	and Address of Current R	legistered Agent		Name	7.	Name and A	dress of New F	legistered	Agent		
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Cioe, eileen 1149 Hillsboro Mile					Street Ac	Street Address (P.O. Box Number is Not Acceptable)						
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HILL	SBORO BE	ACH FL 33062-1724	City						FI	Zip Code	е	
. The above	named entit	y submits this statement for	the purpose of changing its	register	ed office or	registered a	agent, or both,	in the State of Fl	orida.			
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IGNATURE .	Control based	or printed name of registered agent ar	od tille if appliesble (NOT	E: Benietere	d Agent signatu	ite required whe	n rainstaling)		DATE			
												
 This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. 			FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00					on Campaign Fi Fund Contributio	-		O May Be	
	ria on back)		Make Check Payal			t of State						
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I hereby of	cortify that th	e information supplied with:	this tiling does not qualify fo	or the exe	emption stat	ea in Sectio	on 119.07(3)(i).	⊢iorida Statutes.	. i turther c	eruiv mat the l	mormation	

Thereby bearing that the minimization supplies with this mining boes not quality for the exemption stated in section 118.07(3)(i), Florida Statutes. 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 AND THRED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

<u> Eileen Cioc</u>