## 2000 UNIFORM BUSINESS REPORT (UBR) FILED Sep 18, 2000 8:00 am Secretary of State DOCUMENT # P96000100286 SAN JOSE ENTERPRISES, INC. 09-18-2000 90004 017 \*\*\*550.00 Principal Place of Business Mailing Address 10500 SAN JOSE BLVD 707 WHITLOCK AVE BLDG H. SUITE 13 JACKSONVILLE FL 00086485 MARIETTA GA 30064 2. Principal Place of Business 3. Mailing Address 10055 Youngerman 707 Whit 10CK AVENUC Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Applied For City & State City & State 4. FEI Number 59-3420620 acusonville Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent" Name and Address of Current Registered Agent -<u>Christopher Scott Perrel</u> CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 13a Nottinaham Forest Circle stered agent, or both, in the State of Florida 8. The above named entity SIGNATURE DATE quired when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11 vice President ☐ Addition 💢 Delete TITLE TITLE Raiph A. Perrella 3201 Burnt Hickory Road PERRELLA, RALPH NAME NAME STREET ADDRESS STREET ADDRESS 256 P'TREE WAY CITY-ST-ZIP CITY-ST-7IP ATLANTA GA 30305 manetta GH 30064 president Change Addition □ Delete TITLE TITLE christoper S. Perrella NAME NAME 13a Nottinghum Porest Citcle STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Jackson ville FL 32254 ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete NAME NAME 4 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 acturate 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 of the section of the corporation or the receiver of the section of the section of the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of the section of the section of the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of the section of the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of the section of the sect

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SIGNATURE: