

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

DOCUMENT # P97000021090

1. Entity Name

Jedo Services Inc

02 MAY 28 AM 9:33
Amended
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

801 S Federal Highway

3. Mailing Address

801 S Federal Highway

Suite, Apt. #, etc.

205

Suite, Apt. #, etc.

205

City & State

Delray Beach FL

City & State

Delray Beach FL

4. FEI Number

65-0747803

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

Zip

33483

Country

USA

Zip

33483

Country

USA

7. Name and Address of Current Registered Agent

Name

Don Irwin

Street Address (P.O. Box Number is Not Acceptable)

801 S Federal Highway 205

City

Delray Beach

FL

Zip Code

33483

DO NOT WRITE
IN THIS SPACE

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

[Signature]

5/9/02

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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	<u>DP</u>
NAME	<u>Don Irwin</u>
STREET ADDRESS	<u>801 S Federal Highway 205</u>
CITY-ST-ZIP	<u>Delray Beach FL 33483</u>

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/9/02

Daytime Phone #

CR2E034B (12/01)