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## 2001 UNIFORM BUSINESS REPORT (UBR)

## **FILED** Aug 08, 2001 8:00 am Secretary of State **DOCUMENT #** P97000023967 1. Entity Name JUNGLE CUTS, INC. 08-08-2001 90002 049 \*\*\*150.00 Principal Place of Business Mailing Address 4660 E COLONIAL DR 4660 E COLONIAL DR ORLANDO FL 32803 ORLANDO FL 32803 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FE! Number 59-3431286 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent. PRIETO, SHARYN Street Address (P.O. Box Number is Not Acceptable) 2108 S PARK AVENUE SANFORD FL 32771 City Zip Code FL 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. (NOTE: Registered Agent signature required 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 12, 2001 Fee will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. PRILTO, SHARYIV - OR. (2/01)TITLE ☐ Delete TITLE PRIETO, SHARYN NAME NAME CR2E034 2108 S. PARK AVE STREET ADDRESS STREET ADDRESS WINTER SPAINGS, FL. 32708 SANFORD FL 32771 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE PRIETO, TONY O NAME NAME 2080 JESSUP RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **OVIEDO FL 32765** CITY-ST-ZIP Delete\_ ☐ Change Addition TITLE TITLE NAME PRIETO, VALERIE O NAME STREET ADDRESS STREET ADDRESS 2080 JESSUP RD CITY-ST-ZIP OVIEDO FL 32765 CITY-ST-7IP Delete ☐ Change Addition LAWSON, KIM E NAME NAME 1316 AUGUSTA NATIONAL BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WINTER SPRINGS FL 32708 CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE 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 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 in the production of the corporation of 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 in the production of 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 in the production of 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 in the production of 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 in the production of the receiver of the corporation of the receiver of the receiver of the corporation of the receiver of the receiver of the corporation of the receiver of the rec

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

SIGNATURE:

TITLE

NAME

STREET ADDRESS

☐ Delete

☐ Change

☐ Addition

1./31/01

Attachment

A0080300

PURSE NOTE:

# 1977000 28967

I SUBMITTED THIS FORM ON 3/17/01,
INCLUDING CHECK # 1505 FOR 150. -

WHEN I RECEIVED THE 200 NOTICE,

I SAW YHAT THIS CHECK WAS NOT CASHED,

SO IT OBVIOUSLY HAS BEEN LOST IN THE

MAIL (IT HAS NOT BEEN RETURNED TO JUNGWE CURS)

THEREFORE, AS DER MY CONVERSATIONS
TO DAY WITH "RUTH" (850-488-6096) I AM
NE-SUBMITTING THIS FORM WITH CH. # 1679
FOR THE AMOUNT OF 150. —

THANK YOU FOR YOUR CO-OPERATION.

PLEASE LET ME KNOW IF I NEED TO

DO ANTHING ELSE.

SHANGN L. PRIETO

PRISIDENT, JUNGUE CUTS INC.

(407) 895-4455