

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

Page 1 of 2

DOCUMENT # **P97000036978**
 1. Entity Name
JOINT ADVENTURE, INC
NO2000012833

FILED
 02 AUG 16 PM 4:35
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

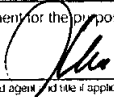
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1420 E. ROBINSON ST Suite, Apt. #, etc.		3. Mailing Address 1420 E ROBINSON ST Suite, Apt. #, etc.	
City & State ORLANDO FL	City & State ORLANDO FL	4. FEI Number 59-3443433	Applied For <input type="checkbox"/> Not Applicable
Zip 32801	Country USA	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name JOHN L WEBB	
	Street Address (P.O. Box Number is Not Acceptable) 1420 E ROBINSON ST	
	City ORLANDO	FL Zip Code 32801

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  DATE 4/12/02

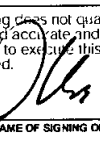
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP
WEBB, JOHN L 1312 COUNTRY LN ORLANDO, FL 32804	500007293225 -08/22/02-01079-001 ***750.00 ***750.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TRAMER, JOE B 720 N. RIO GRANDE ORLANDO FL, 32804	DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
98-02 TB		

CR2E0348 (4/01)

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:  Date _____ Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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**Joint Adventure, Inc.
PO Box 2501
Orlando, FL 32802**

Mr. Tyrone Scott
Document Specialist
Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

August 6, 2002

Re: Joint Adventure, Inc., P97000036978

Dear Mr. Scott:

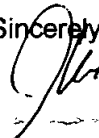
Attached is correspondence from your office in response to our attempt to pay our Uniform Business Report.

As requested in your letter, we have attached a check in the amount of \$750.

We are formally requesting abatement of the fee. As you will see in my original letter, we inadvertently did not receive a form for our prior return.

Please call me with any questions.

Sincerely,



John L. Webb
President