

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 11, 2001 8:00 am**  
**Secretary of State**

05-11-2001 90130 037 \*\*\*150.00

A0062014

DO NOT WRITE IN THIS SPACE

**DOCUMENT #** P97000051702  
 1. Entity Name  
**JONDELL, INC.**

Principal Place of Business: **1493 Stonehenge Way, Palm Harbor, FL 34683**  
 Mailing Address: **121 N. Osceola Avenue, Second Floor, Clearwater, FL 33755**

2. Principal Place of Business: Suite, Apt. #, etc.  
 3. Mailing Address: **1493 Stonehenge Way**  
 Suite, Apt. #, etc.

City & State: **Palm Harbor, FL**

4. FEI Number: **59-3522812**  
 Applied For:  Not Applicable

5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent: **Simms, John S., 121 N. Osceola Ave., 2nd Floor, Clearwater, FL 33755**

7. Name and Address of New Registered Agent: Name, Street Address, City, State (FL), Zip Code (33755)

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: \_\_\_\_\_ (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.   
**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Christine D. Buheit</b> <b>1493 Stonehenge Way</b> <b>Palm Harbor, FL 34683</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**   
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Date: \_\_\_\_\_ Daytime Phone #: \_\_\_\_\_

CR2E034 (1/1/00)