**2001 UNIFORM BUSINESS REPORT (UBR)** DOCUMENT # P97 0000 61096 Apr 26, 2001 8:00 am Secretary of State JLOB ASSOCIATES INC. 04-26-2001 90118 034 \*\*\*150 00 Mailing Address Principal Place of Business C0053067 2. Principal Place of Business 3. Mailing Address 7515 OLCOTT Dr 7615 OLCOTT Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 3484 <u>516</u> Wesley Chapel Not Applicable W.c.sley Country \$8.75 Additional Certificate of Status Desired USP Fee Required 33*5*43 33*5*43 6. Name and Address of Current Registered Agent. .7. Name and Address of New Registered Agent --Street Address (P.O. Box Number is Not Acceptable) ey Chapeling 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 Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 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. Change ☐ Addition ☐ Delete TITLE TITLE 7 Jim O'Brien NAME NAME 1515 OLCOTT DE STREET ADDRESS STREET ADDRESS wesley Chapel CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ De<del>l</del>ete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TIT1 F Ling NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 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 that an address, with all other like empowered.