

AMENDED

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 AUG -7 AM 8:00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P97000073508			
1. Entity Name JR FUTURE INC.			
Principal Place of Business 1859 US HWY ONE VERO BEACH, FL 32960		Mailing Address 1859 US HWY ONE VERO BEACH, FL 32960	
2. Principal Place of Business		3. Mailing Address <i>1859-1151</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <i>VERO BEACH FL</i>	
Zip	Country	Zip	Country <i>Indian River</i>
32960		32960	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SANTAGATA, JOHN 6705 SW WOODHAM ST PALM CITY, FL 34990		Name <i>John Santagata JR</i> Street Address (P.O. Box Number is Not Acceptable) <i>4110 MARKET STREET</i> <i>PALM CITY, FL 34990</i> City <i>FL</i> Zip Code <i>34990</i>	
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE <i>John Santagata SR</i>		DATE <i>8/5/03</i>	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when resigning)	
FILE NOW!!! FEE IS \$160.00 After May 1, 2003 Fee will be \$550.00 Amended UBR is \$81.25 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT SANTAGATA, JOHN 6705 SW WOODHAM ST PALM CITY, FL 34990 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT John Santagata JR. 4110 MARKET ST PALM CITY, FL 34990 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS SANTAGATA, GAIL 6705 SW WOODHAM ST PALM CITY, FL 34990 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS SANTAGATA 4110 MARKET ST PALM CITY, FL 34990 ☒ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>John Santagata SR</i>		DATE <i>8/5/03</i> 722 2534410	
Signature and typed or printed name of signing officer or director		Date Daytime Phone #	

CR2E034 (10/02)