

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2001 8:00 am**  
**Secretary of State**

04-30-2001 90371 007 \*\*\*150.00

**DOCUMENT # P97000075649**

1. Entity Name  
**JEEVES NORTH AMERICA, INC.**

Principal Place of Business <b>455 DOUGLAS AVE          1855          ALTAMONTE SPRINGS FL 32714          US</b>	Mailing Address <b>455 DOUGLAS AVE          1855          ALTAMONTE SPRINGS FL 32714          US</b>
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2. Principal Place of Business <b>110 Live Oak Blvd</b>	3. Mailing Address <b>P.O. Box 7045</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State <b>Casselberry, FL</b>	City & State <b>Fort Myers, FL</b>	4. FEI Number <b>59-3467297</b>	Applied For <input type="checkbox"/> Not Applicable
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Zip <b>32707</b>	Country <b>Seminole</b>	Zip <b>33911</b>	Country <b>Lee</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**THOMAS, LAWRENCE D  
 400 GOLF BROOK CIR., APT. 200  
 LONGWOOD FL 32779**

Name  
**Roger Jonsson**  
 Street Address (P.O. Box Number is Not Acceptable)  
**3407 Winkler Ave # 312**  
 City  
**Fort Myers** **FL** Zip Code  
**33916**

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 **Roger Jonsson, President** DATE **4-23-01**  
Signature, typed or printed name of registered agent and title 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)

**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>THOMAS, LAWRENCE D</b> <b>400 GOLF BROOK CIR., APT. 200</b> <b>LONGWOOD FL 32779</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>ROGER JONSSON</b> <b>3407 WINKLER AVE # 312</b> <b>FORT MYERS, FL 33916</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Roger Jonsson** DATE **4-23-01** DAYTIME PHONE # **407-620-1116**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)