2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Mar 30, 2000 8:00 am DOCUMENT # P97000079093 **Secretary of State** JOANNE HOLDINGS, INC. 03-30-2000 90020 020 ***150.00 Principal Place of Business Mailing Address 17606 LEE AVE 17606 LEE AVE REDINGTON SHORES FL 33708 REDINGTON SHORES FL 33708-1236 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3472405 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GREENBERG, JOANNE Street Address (P.O. Box Number is Not Acceptable) 17606 LEE AVE REDINGTON SHORES FL 33708 Zip Code The purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named entity submits this statement for SIGNATURE nd title if applicable (NOTE: Registered Agent signature required when reinstating) 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, 2000 Fee will be \$550.00 Trust Fund Contribution. \Box Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ■ Addition **PSD** ☐ Change ☐ Delete TITLE TITLE GREENBERG, JOANNE NAME NAME STREET ADDRESS STREET ADDRESS 17606 LEE AVE CITY-ST-7IP CITY-ST-ZIP **REDINGTON SHORES FL 33708** Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Addition ☐ Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IF 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 employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

FILED