

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 20, 2002 8:00 am**  
**Secretary of State**

05-20-2002 90046 029 \*\*\*150.00

**DOCUMENT # P97000088908**  
 1. Entity Name  
**JUNGLE JIM'S MANAGEMENT COMPANY, INC.**

Principal Place of Business      Mailing Address  
~~100 SOUTH BUMBAY AVENUE~~      3206 S. HOPKINS AVENUE #228  
~~ORLANDO FL 32803~~      TITUSVILLE FL 32780-5698



2. Principal Place of Business      3. Mailing Address  
**3206 S HOPKINS AVE**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State      City & State  
**TITUSVILLE FL**  
 Zip      Country      Zip      Country  
**32780**      **BREVARD**

4. FEI Number      Applied For  
**59-3478186**      Not Applicable  
 5. Certificate of Status Desired      \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**HADLEY, SHARON S**  
~~100 SOUTH BUMBAY AVENUE~~  
~~ORLANDO FL 32803~~

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**3206 S. HOPKINS AVE**  
 City      State      Zip Code  
**TITUSVILLE FL 32780**

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: *Sharon Hadley*      DATE: **4/28/02**  
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, 2002 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

TITLE	<b>PST</b> <input type="checkbox"/> Delete
NAME	<b>HADLEY, SHARON</b>
STREET ADDRESS	<del>100 SOUTH BUMBAY AVENUE</del>
CITY-ST-ZIP	<del>ORLANDO FL 32803</del>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<b>3206 S. HOPKINS AVE #228</b>
CITY-ST-ZIP	<b>TITUSVILLE FL 32780</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 or (one) life empowered.

SIGNATURE: *Sharon Hadley*      DATE: **4/28**      DAYTIME PHONE #: **407-948 7814**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)