## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## **FILED** DOCUMENT # **P97000089483** Mar 24, 2000 8:00 am **Secretary of State** JACKBULL INVESTMENTS, INC. 03-24-2000 90098 021 \*\*\*150.00 Principal Place of Business Mailing Address **66 STANWAY ROAD** 66 STANWAY ROAD WEST BROMWICH WEST BROMWICH WEST MIDLANDS, ENGLAND WEST MIDLANDS, ENGLAND 2. Principal Place of Business 3. Mailing Address 47 60 CAN BAY JAIVE GAST BAY DA 4760 Suite, Apt. #, etc. Suite, Apt. #, etc. 59-3546093 Applied For 4. FEI Number City & State NOT APPLICABLE Not Applicable \$8.75 Additional 5. Certificate of Status Desired PINCHLAS PINALLA 33764 33764 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BAKEALAY MARTIN LA BELLE, RICHARD D III 3446 LAKE DRIVE PALM HARBOR FL 34683 CLEAR WATER the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity submits this state SIGNATURE title it 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 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees 'n (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Addition ☐ Delete TITLE BRIERLEY, MARTYN NAME NAME 4760 GAST ANY BRIVE STREET ADDRESS STREET ADDRESS 66 STANWAY ROAD - WEST BROMWICH CITY-ST-ZIP CITY-ST-ZIP WEST MIDLANDS, ENGLAND ☐ Change Addition Vice: Delete TITLE TITLE BRI ERLEY 3U5A~ NAME DQ. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7f8 ☐ Change Addition TITLE Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-70 CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing does not chalify 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 aport as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if of the corporation or the receiver or trustee empowered to execute this changed, or on an attachment with an address, with all officer life