

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 21, 2001 8:00 am**  
**Secretary of State**

05-21-2001 90406 007 \*\*\*150.00

**DOCUMENT # P97000099658**

1. Entity Name

*Jump To It, Inc.*

Principal Place of Business

*4108 Cooper Rd.  
 PLANT CITY FL. 33565  
 USA*

Mailing Address

*4108 Cooper Rd.  
 PLANT CITY FL. 33565  
 USA*

60000134

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

*607 ADALACHEE CIR. N.E.*

DO NOT WRITE IN THIS SPACE

City & State

City & State

*ST. PETERSBURG, FL.*

4. FEI Number

*59-3481858*

Applied For

Not Applicable

Zip

Country

Zip

Country

*33702*

*USA*

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

*GROSS, MICHAEL J.  
 401 PASADENA AVE So  
 ST. Pete, FL. 33707*

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.

**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

TITLE NAME	<i>PATRICK SIKORRA</i>	<input type="checkbox"/> Delete
STREET ADDRESS	<i>4008 Cooper Rd.</i>	
CITY-ST-ZIP	<i>PLANT CITY FL 33565</i>	
TITLE NAME	<i>DAVID E. SONES</i>	<input type="checkbox"/> Delete
STREET ADDRESS	<i>607 ADALACHEE CIR N.E.</i>	
CITY-ST-ZIP	<i>ST. Pete FL 33702</i>	
TITLE NAME	<i>LINDA A. SONES</i>	<input type="checkbox"/> Delete
STREET ADDRESS	<i>607 ADALACHEE CIR N.E.</i>	
CITY-ST-ZIP	<i>ST. Pete FL 33702</i>	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (11/00)

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*David E. Sones*

*DAVID E. SONES*

*4-30-01*

*727.577.5365*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #