

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 10, 2002 8:00 am**  
**Secretary of State**

05-10-2002 90063 031 \*\*\*150.00

**DOCUMENT #** P97000099658  
1. Entity Name **JUMP TO IT, INC.** ✓

**DO NOT WRITE IN THIS SPACE**

**B0093720**

2. Principal Place of Business  
**4108 COOPER ROAD**  
Suite, Apt. #, etc.

3. Mailing Address  
**607 APALACHEE CIR. N.E.**  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**PLANT CITY FLORIDA**

City & State  
**ST. PETERSBURG FLORIDA**

4. FEI Number  
**59-3481858**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

Zip **33565** Country **USA** Zip **33702** Country **USA**

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
**MICHAEL J. GROSS**

Street Address (P.O. Box Number is Not Acceptable)  
**401 PASADENA AVENUE SOUTH**

City **ST. PETERSBURG** FL Zip Code **33707**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

**January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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 STREET ADDRESS CITY - ST - ZIP	<b>PATRICK SIKORRA 4108 COOPER ROAD PLANT CITY FL 33565</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DAVID E. JONES 607 APALACHEE CIRCLE N.E. ST. PETERSBURG FL 33702</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>LINDA A. JONES 607 APALACHEE CIRCLE N.E. ST. PETERSBURG FL 33702</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: **DAVID E. JONES**  **4/30/02** **727 577 5365**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #