

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000033128

1. Entity Name

JANE NEWNUM AND ASSOCIATES, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

00 OCT 18 PM 3:22

Principal Place of Business

Mailing Address

2107 PARK AVENUE NORTH
WINTER PARK FL 32789

2107 PARK AVENUE NORTH
WINTER PARK FL 32789

2. Principal Place of Business

3. Mailing Address

280 W. Canton Av.

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Winter Park, FL

Zip

Country

Zip

Country

32789

USA

4. FEI Number 59-3508463

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NEWMUM, JANE

2107 PARK AVENUE NORTH
WINTER PARK FL 32789

Name

Jane Newnum (same)

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

280 W. Canton Av., Suite 110

City

Winter Park

FL

Zip Code

32789

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

Jane Newnum

7.14.00

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME NEWNUM, JANE
STREET ADDRESS 1443 HIBISCUS AVE.
CITY-ST-ZIP WINTER PARK FL 32789

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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-10/27/00--01023--015
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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 other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7.14.00

Date

407.647.3017

Daytime Phone #

CR2E034 (5/00)