FILED
May 27, 2002 8:00 am
Secretary of State
05-27-2002 90439 032 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000067559

1. Entity Name: JINX DEVELOPMENT, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4044 W. LAKE MARY BLVD	4044 W. LAKE MARY BLVD
Suite, Apt. #, etc. UNIT 104, SUITE 343	Suite, Apt. #, etc. UNIT 104, SUITE 343
City & State LAKE MARY, FL	City & State LAKE MARY, FL
Zip 32746 Country USA	Zip 32746 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3529966 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name IVO B. KONSTANTINOV
Street Address (P.O. Box Number is Not Acceptable) 366 DEVON PLACE
City HEATHROW FL Zip Code 32746

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 IVO B. KONSTANTINOV 05/01/2002
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. (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	T
NAME	IVO B KONSTANTINOV
STREET ADDRESS	366 DEVON PL
CITY-ST-ZIP	HEATHROW, FL 32746
TITLE	P
NAME	COLBY M. THEISEN
STREET ADDRESS	365 FORESTWAY CIRCLE, #204
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32701
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: [signature] IVO KONSTANTINOV 05/01/2002 407 234-1011
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #