2003 FOR PROFIT CORPORATION

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)						FILED Apr 28, 2003 8:00 am Secretary of State 04-28-2003 91389 047 ***150.00			
DOCUMENT # P98000081896 1. Entity Name									
JABKO PROPERTY MANAGEMENT COMPANY									
Principal Place of Business 6335-1 RIVERWALK LN. JUPITER FL 33458 Mailing Address 6335-1 RIVERWALK LN. JUPITER FL 33458						 } 	:		
2. Principal Place of Business 2525 Lake Dr. 3. Mailing Address 2525 Lake Dr.									
Suite, Apt. #, etc. Suite, Apt. #, etc. # 412				 		CHECK HERE IF MAKING CHANGES			
	ger Island, FL	, ,	er Is	`	FL	4. FEI Num	^{ber} 65-0869171	No	oplied For of Applicable
3340	6. Name and Address of Current	3340	<u> </u>	USA.	·		e of Status Desired [\$8.75 Add Fee Require	
KLOHN, BONNIE S				Name Street		m45	A. Kloh	Sti	
6355-1 RIVERWALK LANE JUPITER FL 33458						013	10 12	-> \ (·	
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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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
FI After Make Check				lection Campaign Financi rust Fund Contribution.	~	0 May Be i to Fees			
10.	OFFICERS AND		15	11.	T PT (<u> </u>	S/CHANGES TO OFFICER	RS AND DIRECTOR Change	S IN 11
TITLE NAME	KLOHN, JAMES A		Delete	NAME	まひごん	سندل	LES A.	TAL OUTSINGS	L] Addition
	6335-1 RIVERWALK LN.			STREET ADDRESS	257	5 Lax	4 Ar. #412	المعادة	
CITY-ST-ZIP	JUPITER FL 33458			CITY-ST-ZIP	VPS	guris	land, FL 33	909	
TITLE NAME	VPSD KLOHN, BONNIE S	L	Delete	TITLE NAME	1/2/10	nn, Bo	nnia S Ka Dr. #41	Change	Addition
STREET ADDRESS	6335-1 RIVERWALK LN.			STREET ADDRESS	25.5	15 La	Ka Dr. #41		,
CITY-ST-ZIP	JUPITER FL 33458		To make the second	CITY-ST-ZIP	Sin	gur 15	lund, FL 3		
TITLE NAME			Delete	TITLE NAME	-			☐ Change	☐ Addition~ }
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12. I hereby certify that the information supplied with this filling 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 10 or Block 11 if changed, or on an attachment with an approximation of the receiver of the corporation of t

TITLE

NAME STREET ADDRESS

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SIGNATURE:

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