

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000088629

1. Entity Name
JUMBO HOLDINGS, INC.

FILED
Mar 22, 2000 8:00 am
Secretary of State

03-22-2000 90075 038 ***150.00

Principal Place of Business

7226 W. COLONIAL DR.
ORLANDO FL 32818

Mailing Address

7226 W. COLONIAL DR.
ORLANDO FL 32818-6731

2. Principal Place of Business

7226 W. Colonial Dr

3. Mailing Address

7226 W. Colonial Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#104

#104

City & State

City & State

Orlando, FL

Orlando, FL

Zip

Zip

Country

Country

32818

USA

32818

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SMITH, HAROLD J
7226 W. COLONIAL DR
ORLANDO FL 32818

Name

Smith Harold J

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

7226 W. Colonial Dr

#104

City

Orlando

FL

Zip Code

32818

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

03/20/00

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 \$150.00
After MAY 1, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, HAROLD J	
STREET ADDRESS	7226 W. COLONIAL DR. #104	
CITY-ST-ZIP	ORLANDO FL 32818	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

03/20/00

Date

407-467-8328

Daytime Phone #

CR2E034 (9/99)