

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2003 8:00 am
Secretary of State

03-21-2003 90080 001 ***150.00

DOCUMENT # P98000088629

1. Entity Name
JUMBO HOLDINGS, INC.



Principal Place of Business
7226 W. COLONIAL DR.
#104
ORLANDO FL 32818

Mailing Address
7226 W. COLONIAL DR.
#104
ORLANDO FL 32818



2. Principal Place of Business
12578 Reeves Rd
Suite, Apt. #, etc.

3. Mailing Address
2582 S. Maguire Rd
Suite, Apt. #, etc.

City & State
Winter Garden, FL

City & State
Ocoee, FL

Zip
34787

Country
USA

Zip
34761

Country
USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number
59-3565020

Applied For
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

SMITH, HAROLD J
7226 W. COLONIAL DR
#104
ORLANDO FL 32818

Name

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

City

FL

Zip Code

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 if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

03/17/03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D SMITH, HAROLD J
7226 W. COLONIAL DR.
ORLANDO FL 32818

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Address change only
2382 S. Maguire Rd
#328, Ocoee, FL, 34761, USA

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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CITY-ST-ZIP

☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/17/03

Date

(407) 654-5438

Daytime Phone #

CR2E034 (10/02)