

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90121 002 ***150.00

DOCUMENT # P98000098196			
1. Entity Name JONESVILLE PARTNERS, INC.			
Principal Place of Business 13607 N.W. 50TH AVENUE GAINESVILLE FL 32606-3562		Mailing Address 13607 N.W. 50TH AVENUE GAINESVILLE FL 32606-3562	
2. Principal Place of Business 18630 N.W. CR 239 Suite, Apt. #, etc.		3. Mailing Address P.O. Box 729 Suite, Apt. #, etc.	
City & State ALACHUA FL Zip 32615 Country USA		City & State ALACHUA FL Zip 32615 Country USA	
4. FEI Number 59-3546329		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent 0729		7. Name and Address of New Registered Agent	
REMBERT, JUDITH C 13607 NW 50 AVE GAINESVILLE FL 32606-3562		Name: <u>JUDITH C REMBERT</u> Street Address (P.O. Box Number is Not Acceptable) 18630 N.W. CR 239 City: <u>ALACHUA</u> FL Zip Code <u>32615</u>	
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: <u>[Signature]</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME REMBERT, JUDITH C STREET ADDRESS 13607 NW 50 AVE CITY-ST-ZIP GAINESVILLE FL 32606-3562	<input type="checkbox"/> Delete	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME 18630 N.W. CR 239 STREET ADDRESS ALACHUA FL 32615 CITY-ST-ZIP ALACHUA FL 32615	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP NAME REMBERT, DAVIS M JR STREET ADDRESS 13607 NW 50 AVE CITY-ST-ZIP GAINESVILLE FL 32606-3562	<input type="checkbox"/> Delete	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME 18630 N.W. CR 239 STREET ADDRESS ALACHUA FL 32615 CITY-ST-ZIP ALACHUA FL 32615	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			
<small>Date</small>		<small>Daytime Phone #</small>	

CR2E034 (10/02)