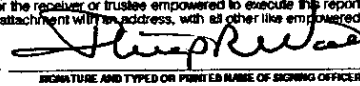


FILED
Mar 05, 2003 8:00 am
Secretary of State

03-05-2003 90035 019 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P98000107348					
1. Entity Name JUBILEE YEARS, INCORPORATED					
Principal Place of Business 16671 TRADERS CROSSING 222 JUPITER, FL 33477			Mailing Address 16671 TRADERS CROSSING 222 JUPITER, FL 33477		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 74-2899552			Applied For Not Applicable		
5. Certificate of Status Desired ☐			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent WOLF, PHILIP R 16671 TRADERS CROSSING N-222 JUPITER, FL 33477			7. Name and Address of New Registered Agent 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 _____ DATE _____ Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent's signature required when ministerial)					
FILE NOW WITH FEE OF \$150.00 ARREST MAY 1, 2003 FEE OF \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fee		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	WOLF, PHILIP R		NAME		
STREET ADDRESS	16671 TRADERS CROSSING N-222		STREET ADDRESS		
CITY-ST-ZIP	JUPITER, FL 33477		CITY-ST-ZIP		
TITLE	DP	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	WOLF, BETTY J		NAME		
STREET ADDRESS	16671 TRADERS CROSSING N-222		STREET ADDRESS		
CITY-ST-ZIP	JUPITER, FL 33477		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 			TREASURER 3-3-03 (561)262-9650		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PHILIP R. WOLF					

80046432



☐ CHECK HERE IF MAKING CHANGES

CR2034 (10/02)