| 2000 UNIFORM BU | JSINESS REPO | RT (UBR | 1) | | • | | |
|---|--|--|-------------------|--|---------------------|---|----------------|
| DOCUMENT # P99 00 1. Entity Name | _ | ***** · | | Eners # U | Series Exp | | |
| JBX. ONLINE, INC. | | | | | | | |
| Principal Place of Business | Mailing Address | | | 00 JUN -8 | | | |
| M50 S. DIVIE Hwy. #101. BOCA RATON, FL 33432 | | | | SECRETARY OF STATE TALLAHASSEE, FLORIDA | | | |
| | | | | | | | |
| 2. Principal Place of Business 1450 S. Di 4E Hwy Suite, Apt. #, etc. | 50 S. DIVIE HWY. | | | DO NOT WR | ITE IN THIS SPAC | CE | |
| TOLY & State ROTAL SI | City & State | | | 4. FEI Number Applied For Not Applicable | | | |
| 72:113) Country | Zip | Zip Country | | | | .75 Add Required | litional |
| 6. Name and Address of Cu | irrent Registered Agent | ··· | , 7. N | ame and Address of New | Registered Age | nt | |
| GARLAND E. HARRI | | Name / | 11//15 | 1/015 | - | | |
| | | | | ox Number is Not Acceptab | le) | | |
| DERFIELD BOH, FL 33442 1450 S. | | | | IYIE HWY | 4101 | Zio Code | - |
| | | City | TA HAT | DN | FL | 334 | 32 |
| 8. The above named entity submits this statem | ent for the purpose of changing its n | egistered office or r | egistered age | ent, or both, in the State of F | | | |
| SIGNATURE Signature, typed or printed name of registered | d agent and title if applicable. (NOTE. | Registered Agent signatur | S HA | LE C | 7-1-208 DATE | 0 <u>0 </u> | |
| This corporation is eligible to satisfy its Intain Tax filing requirement and elects to do so. (See criteria on back) | ngible FILE NOW!! After MAY 1, 200 Make Check Payable | to the following the many of the first | 50.00 of State | 10. Election Campaign F Trust Fund Contributi | on. 🗆 | Added | May Be to Fees |
| 11. OFFICERS | AND DIRECTORS | 12. | ADI | DITIONS/CHANGES TO OF | FICERS AND DIF | RECTORS | 3 IN 11 |
| TITLE NAME STREET ADDRESS (1/97 New PORT CITY-ST-ZIP DEERFIELD BE | -CENTRE | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | 1 00003 -05/2 | 92655 9470001 | 100 | |
| TITLE DIRECTOR NAME WILLIS HAKE | ☐ Delete | TITLE NAME | Dieco | TOR SHALE | 1050.00 | Сһапде | Addition |
| STREET ADDRESS 1450 S. DIXIE CITY-ST-ZIP AVEA RATOU F | Hwy. #10(| STREET ADDRESS CITY-ST-ZIP | 1450 : | TOR *** S HALE S DIVIE HWG SATON, FL 33 | 1.#101 432 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | Change | ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | • | , | | Change | ☐ Addition |
| TITLE | ☐ Delete | TITLE NAME | | | | | ☐ Addition |
| NAME STREET ADDRESS CITY-ST-ZIP | | STREET ADDRESS CITY-ST-ZIP | | | | | |
| TITLE | ☐ Delete | TITLE | | | | Change | ☐ Addition |
| NAME STREET ADDRESS CITY-ST-ZIP | | NAME STREET ADDRESS CITY-ST-ZIP | | | | | |
| 13. I hereby certify that the information supplied indicated on this report or supplemental refer the corporation or the receiver or trustless. | port is true and accurate and that me eempowered to execute this report a | v sionature shall ha | ve the same is | edal effect as it made undel | oain: inai i aili a | iii oiliceri | or director 1 |
| signature: | ress, with all other like empowered. Will | LIS HAKE | - | 5-1-2000 | 561-4 | 47-8 | 7804 |
| V SIGNATURE AND TYPE | OR PRINTED NAME OF SIGNING OFFICER O | R DIRECTOR | | Dale | Daytim | e Frione # | |