2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P9900032330

1. Entity Name

2/29

## FILED Apr 26, 2000 8:00 am Secretary of State

JOB CO-C	OP, INC.						02-29-200	•			
Principal Place of Business 696 N. MAITLAND AVENUE			Mailing Address 696 N. MAITLAND AVENUE								
maitland fl 32	751	MAII	LAND FL 32751-4423						<b></b>	Fait 1681	
2. Principal Place of Business			Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN	THIS SPA	/CE		
City & State			City & State			<b>4.</b> F	El Number 59-3582878			lied For Applicable	
Zip	Country Zip C			Coun	try	5. Certificate of Status Desired   \$8.75 Additional Fee Required					
	6. Name and Address of Current	Regist	ered Agent ~			— 7.×N	lame and Address of New Regis	tered Ag	ent '		
COGAN, CHRISTOPHER G			Name				(P.O. Box Number is Not Acceptable)				
696 N	I. MAITLAND AVENUE				Sileet Addre		OX 140111001 13 1401 / Godgladicy	<u></u>			
MAITLAND FL 32751			City				FL Zip Code				
8. The above r	named entity submits this statement for	or the p	urpose of changing its	register	l ed office or regi	stered ag	ent, or both, in the State of Florida	1.			
SIGNATURE _											
- SIGNATIONE -	Signature, typed or printed name of registered agen	and title t	sppticable. (NOTE	: Registere	ed Agent signature red	a nedw beniup	einstaling)	DATE		<del></del>	
	ration is eligible to satisfy its Intangibl	le	· ·		IS \$150.00		10. Election Campaign Finance	ina	\$5.00	May Be	
	equirement and elects to do so.	1	After MAY 1, 20 Make Check Payat				Trust Fund Contribution.		Added	to Fees	
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13. I hereby of indicated of the cor	certify that the information supplied of on this report or supplemental report poration or the receive her husing pro- or on an attachment with an aid of se	ith this is true	tiling does not qualify for and accurate and that d to execute this repor	or the ex my sign t as requ	remption stated lature shall have uired by Chapte	in Section the same or 607, Flo	n 119.07(3)(I), Florida Statutes. I fi e legal effect as if made under oa rida Statutes; and that my name a	erther cert th, that I a appears in	iry that the ii m an officer i Block 11 oi	ntormation or director Block 12 if	
changed	, or on an attachment with all all dres	s with a	other like empowered	a. Maria	- aa K	61	-				
SIGNAT			IE REQUI	47	かりひひ	<u>140</u>	1)1078,3636				
		R PRINTE	D NAME OF SIGNING OFFICE	R OR DIFE	CTOR		Date	D.	aytime Phone #		