

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

DOCUMENT # P99000041114

1. Entity Name

JUMPS USA, INC.



03 MAY -5 PM 2:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2269 S. UNIVERSITY DR.

3. Mailing Address
2269 S UNIVERSITY DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

215

#215

City & State
DAVIE, FL

City & State
DAVIE, FL

4. FEI Number 65-0916765

Applied For

Not Applicable

Zip
33324

Country
USA

Zip
33324

Country
USA

5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name PHILIPPE GAVET

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

2269 S. UNIVERSITY DR, # 215

City DAVIE

FL

Zip Code
33324

**DO NOT WRITE
IN THIS SPACE**

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

[Handwritten Signature]

Philippe Gavet

04.22.03

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DPVST
Philippe Gavet
2269 S. University Dr., # 215
Davie, FL 33324

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

600018833746
05/13/03--01032--029 ***150.00

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

[Handwritten Signature]

Philippe Gavet, Pres.

04.27.03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)

2156