## **2001 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

OR PRINTED NAME OF SIGNING

## May 15, 2001 8:00 am Secretary of State DOCUMENT # P99000070148 1. Entity Name 05-15-2001 90112 011 \*\*\*150.00 JUMP START INTERNATIONAL, INC. Principal Place of Business Mailing Address 2780 SOUTH OCEAN BOULEVARD, SUITE 409 2780 SOUTH OCEAN BOULEVARD. SUITE 409 110052140 PALM BEACH FL 33480 PALM BEACH FL 33480 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0939019 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE **CORAL GABLES FL 33134** Zin Code City 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or botter in the State of Florida SIGNATURE (NOTE: Registered Agent sign FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Addition PD Change TITL F □ Delete TITLE NAME TAYLOR, GERRY NAME STREET ADDRESS STREET ADDRESS 2780 SOUTH OCEAN BOULEVARD, SUITE 409 CITY-ST-ZIP CITY-ST-ZIP PALM BEACH FL 33480 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME ROSENFELD, ROBERT E STREET ADDRESS STREET ADDRESS 2780 SOUTH OCEAN BOULEVARD, SUITE 409 CITY-ST-ZIP CITY-ST-ZIP PALM BEACH FL 33480 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 ☐ 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-7IP CITY-ST-ZIP 13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.