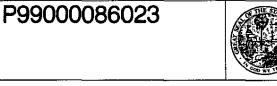
FILED Apr 18, 2003 8:00 am Secretary of State

04-18-2003 90226 003 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name J.P. KARDS, TOO, INC.



					SO WE I						
Principal Place of Business 15201 N. CLEVELAND AVE #950 NORTH FORT MYERS FL 33903			15201 #950	Mailing Address 15201 N. CLEVELAND AVE #950 NORTH FORT MYERS FL 33903							
2. Principal Place of Business			3. Mail	3. Mailing Address							
Cuite Amb	# -4-		D. ite								
Suite, Apr.	. #, etc	. Seinen erganne		Suite, Apt.#, etc.			- "CHECK HERE IF MAKING CHANGES"				
City & State			City	City & State			hhd 1932h43			pplied For at Applicable	
Zip Country			Zip	Zip Country			5. Certificate of Status Desired \$8.75 Additional Fee Required				
	6. Name	and Address of C	urrent Registere	legistered Agent			7. Name and Address of New Registered Agent				
					Name	Name					
PEERY, JO				Street Address			(P.O. Box Number is Not Acceptable)				
17 S.E. 12TH COURT CAPE CORAL FL 33990								· .			
					City			FL Z	ip Code	θ	
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.											
SRONATURE											
		! FEE IS \$150. 3 Fee will be \$5		,	-41-		9. Election Campaign Fin			0 May Be	
				Trust Fund Contribution	n. 🗆	Added	I to Fees				
Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 1							ADDITIONS/CHANGES TO OFFI	CERS AND DIRE	CTORS	3JN 11	
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NAME	PEERY, JO	HÑĒ			NAME				•	_	
					STREET ADDRESS						
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12. I hereby certify that the information supplied with this filing goes 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 if 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 employered 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

SIGNATURE: