2000 UNIFORM BUSINESS REPORT (UBR)

05-26-2000 90021 035 ****45.00
P99000101871
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 JUN 26 AM 6:22

C0098876

DO NOT WRITE IN THIS SPACE

DOCUMENT # P99000101871

1. Entity Name

JYS ENTERPRISES INC.

Principal Place of Business	Mailing Address
6035 MIRAMAR PARKWAY MIRAMAR FL 33023	6035 MIRAMAR PARKWAY MIRAMAR FL 33023

2. Principal Place of Business	3. Mailing Address
6035 MIRAMAR PARKWAY	6035 MIRAMAR PARKWAY
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIRAMAR FL	City & State: MIRAMAR FL
Zip: 33023 Country: USA	Zip: 33023 Country: USA

4. FEI Number: 650969832 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PALMER, SHARON
1917 NW 162 AVE.
PEMBROKE PINES FL 33028

7. Name and Address of New Registered Agent

Name: ERMAGENE SKEPPLE

Street Address (P.O. Box Number is Not Acceptable): 1430 AVON LANE BLDG#4 APT# 24

City: NORTH LAUDERDALE FL Zip Code: 33068

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.

SIGNATURE: _____ DATE: 5-1-00
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD PALMER, ORVILLE 1917 NW 162 AVENUE PEMBROKE PINES FL 33028	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ERMAGENE SKEPPLE 1430 AVON LANE #424 NORTH LAUDERDALE FL 33068	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD PALMER, SHARON 1917 NW 162 AVENUE PEMBROKE PINES FL 33028	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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.

SIGNATURE: _____ 6-22-00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #