

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****Sep 06, 2000 08:00 AM  
Secretary of State****DOCUMENT # P99000107687****1. Entity Name**  
JUSTY ENTERPRISES, INC.

<b>Principal Place of Business</b> 12355 FIELD BLUFF ROAD  JACKSONVILLE FL 32223	<b>Mailing Address</b> 12355 FIELD BLUFF ROAD  JACKSONVILLE FL 32223
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<b>2. Principal Place of Business</b> 5113 ROWE TRAIL  Suite, Apt. #, etc.	<b>3. Mailing Address</b> 5113 ROWE TRAIL  Suite, Apt. #, etc.
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<b>City &amp; State</b> PACE FL	<b>City &amp; State</b> PACE FL
<b>Zip</b> 32571	<b>Country</b>

<b>4. FEI Number</b> 59-3613062	<b>Applied For</b> <input type="checkbox"/> Not Applicable
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**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

KNUEBEL TAMMI D  
12355 FIELD BLUFF ROAD  
  
JACKSONVILLE FL 32223

**7. Name and Address of New Registered Agent**

Name  
KNUEBEL TAMMI D  
Street Address (P.O. Box Number is Not Acceptable)  
5113 ROWE TRAIL  
  
City PACE FL Zip Code 32571

**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**  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

**09/06/2000**

DATE

**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**

<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	VD KNUEBEL MARK T 12355 FIELD BLUFF ROAD JACKSONVILLE FL 32223	<input type="checkbox"/> Delete
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<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	PD KNUEBEL TAMMI D 12355 FIELD BLUFF ROAD JACKSONVILLE FL 32223	<input type="checkbox"/> Delete
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<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	VD KNUEBEL MARK T 5113 ROWE TRAIL PACE FL 32571	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	PD KNUEBEL TAMMI D 5113 ROWE TRAIL PACE FL 32571	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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**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** TAMMI D. KNUEBEL

PD

09/06/2000