FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

FILED Apr 16, 2004 8:00 am Secretary of State 04-16-2004 90075 044 ***150.00

DOCUMENT # S35788

Jebuck, Inc.



DO NOT WRITE IN THIS SPACE		94052757
6212 Kiteriage Drive	Agiling Address 6212 Kteridge Dr. W. Juite, Apt. #, etc.	DO NOT WRITE IN THIS SPACE
Lithia, HL	Sity & State FL	4. FEI Number Applied For Not Applicable
^{Zio} 33547 Country Z	33547 Country	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 Street Address (P.O. Box Number is Not Acceptable) City FL Zip.Code		
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 Signature, typed or printed name of registered agent and title 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 \$5,00 May Be Trust Fund Contribution. Added to Fees
10. OFFICERS AND DIREC		a contract of the contract of
TITLE NAME STREET ADDRESS CHTY-ST-ZIP TITLE TITLE	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	CR2E034B (12/02)
NAME STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS* CITY-ST-ZIP	TITLE NAME -STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE
TIFLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	IN THIS SPACE
TITLE . NAME STREET ADDRESS . CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	c O
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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: SIGNATURE: SIGNATURE AND PERFORMENTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DATE DISTRICT DATE DISTRICT DISTRICT DATE DISTRICT DATE DISTRICT DATE DISTRICT DATE DISTRICT DATE DISTRICT DATE DISTRICT DISTRICT DISTRICT DATE DISTRICT DIS		