

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # S54288**

1. Entity Name

JRJR INC.**FILED**
Mar 08, 2000 8:00 am
Secretary of State

03-08-2000 90055 010 ***150.00

A0028841

DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address	
11300 US HIGHWAY ONE, SUITE 400 NORTH PALM BEACH FL 33408 US		13257 TANGERINE BLVD WEST PALM BEACH FL 33412-1918	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number	65-0267366	Applied For
		Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
REYNOLDS, JOHN D 153 LEGENDARY CIR PALM BEACH GARDENS FL 33418-8471	Name JOHN. D. REYNOLDS Street Address (P.O. Box Number is Not Acceptable) 1279 LAKE WORTH LANE NORTH PALM BCH City FL Zip Code 33408

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)	DATE
9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back)	<input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DPS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REYNOLDS, JOHN D	NAME	
STREET ADDRESS	1279 LAKE WORTH LANE	STREET ADDRESS	
CITY-ST-ZIP	NORTH PALM BEACH FL	CITY-ST-ZIP	
TITLE	DVP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REYNOLDS, SHEILA	NAME	
STREET ADDRESS	1279 LAKE WORTH LANE	STREET ADDRESS	
CITY-ST-ZIP	NORTH PALM BEACH FL	CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHASE, JEAN A	NAME	
STREET ADDRESS	13257 TANGERINE BLVD.	STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 of 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:	Date	Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	2-29-2000 (561) 626 2202	

CR2E034 (9/99)