2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V32736								FILED Jul 07, 2000 8:00 am					
1. Entity Name								JUI	U/, Z	טטע	S:UU &	ım	
TTE, INC.				٠		·/			ecreta	•			
)	0	7-07-2000 9	0394 015	***550.00		
Principal Place of Business				Mailing Address									
126 EAST JEFFERSON STREET ORLANDO FL 32801				126 EAST JEFFERSON STREET ORLANDO FL 32801-1822)						
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2. Principal Place of Business				3. Mailing Address								H 516H 155H	
2. Principal riace of business								E NEOLU BUILD	it ilkit k i tki i etti i	ill e c hii cich e	lait Eteti atait Eti	IN ANDER NAME	
Suite, Apt. #, etc.				Suite, Apt. #, etc.				<u> </u>	DO NOT W	RITE IN THIS	SPACE		
City & State				City & State			4. F	El Number	59-31252	08		pplied For	
Zip Country 6. Name and Address of Current			-			Country		Cortificate o	f Statue Desired		\$8.75 Add	ot Applicable ditional	
			rent Regi					5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent					
o. Name and Address of Current neglistera Agent						*Name			Courses of ficin	The space of	- Carre		
Taylor, Jr., James E. 126 E. Jefferson Street					Street Address (P.O. Box Number is Not Acceptable)								
ORLANDO FL 32801					 				- 				
				•		City				FI	Zip Cod	e	
8. The above	named entity s	ubmits this stateme	nt for the	purpose of changing	its registere	ed office or re	egistered age	ent, or both	in the State of I				
	,	•		#- F	, 0		-9						
SIGNATURE _	Signature, typed or	printed name of registered	agent and title	e if applicable (NOTE: Registere	d Agent signature	required when re	nstating)		DATE			
9. This corpo	oration is eligibl	e to satisfy its Intan	gible	FILE NO	W!!! FEE	IS \$150.00)	10 Floo	tion Campaign I	Einancina		···	
Tax filing requirement and elects to do so. (See criteria on back)				After MAY 1, 2000 Fee will be \$550. Make Check Payable to Department of					t Fund Contribut		☐ Added	May Be to Fees	
11.		OFFICERS /			12.			: DITIONS/C	HANGES TO O	FICERS AN	ID DIRECTOR	S IN 11	
TITLE	PD TAYLOR II	MEGE ID		☐ Delete	TITLE	1		1			☐ Change	Addition	
NAME STREET ADDRESS		ames e., Jr. Erson st.			NAM STRE	ET ADDRESS		i					
CITY-ST-ZIP	ORLANDO	FL			CITY	-ST-ZIP	-						
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NAME	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				- NAM			<u> </u>					
STREET ADDRESS CITY-ST-ZIP					1	ET ADDRESS - ST-ZIP		; !					
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CITY-ST-ZIP			_ <u>_</u>			-ST-ZIP		· ;			 _		
TITLE NAME				☐ Delete	TITLE Nam			1			☐ Change	Addition	
STREET ADDRESS			_			ET ADDRESS		i					
CITY-ST-ZIP				700		-ST-ZIP			FI			fam. 2	
indicated	ertity that the it on this report o	ntormation supplied or supplemental rep	with this ort is true	filing does not qualify and accurate and th	y for the exe lat my signal	mρτιοn stated ture shall hav	u in Section 1 ve the same l	19.07(3)(i), egal effect :	, ⊢iorida Statute: as if made unde	s. I furtner co r oath; that i	ertiry that the i am an officer	or director	

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 explute this report or equired 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:

SIGNATURE AND TYPED OR PRINTED NAME OF CHINING OFFICER OR DIRECTOR

Date

Date

Date

Date