2000 UNIFORM BUSINESS REPORT (UBR)

Apr 04, 2000 8:00 am Secretary of State **DOCUMENT # 530713** 1. Entity Name SJ & SM, INC. 04-04-2000 90023 047 ***150.00 Principal Place of Business Mailing Address 187 S. YONGE STREET 187 S. YONGE STREET ORMOND BEACH FL 32174 ORMOND BEACH FL 32174-6259 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-1731796 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired П Fee Required 7.-Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LEVINE, SUZANNE M. Street Address (P.O. Box Number is Not Acceptable) 187 S. YONGE STREET ORMOND BEACH FL 32174 Zip Code City FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11, ☐ Change Addition TITLE ☐ Delete TITLE LEVINE. SUZANNE NAME STREET ADDRESS 187 S. YONGE STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORMOND BEACH FL 32174 ☐ Addition ☐ Delete TITLE [] Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ___ Change TITLE -TITLE -Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TIT! F ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

SIGNATURE: SUMMER OF SIGNING OFFICER OR DIRECTOR DATE OF SIGNING OFFICER OR DATE OFFICER OR DATE OF SIGNING OFFICER OR D

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.