2001 UNIFORM BUSINESS REPORT (UBR).

May 02, 2001 8:00 am Secretary of State **DOCUMENT # J78918** 1. Entity Name JH MILITARY TRAIL, INC. 05-02-2001 90113 020 ***150.00 Principal Place of Business Mailing Address 29 SE 5TH STREET 29 SE 5TH STREET **BOCA RATON FL 33432** BOCA RATON FL 33432 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0023221 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent .6. Name and Address of Current Registered Agent Name MATTEIS, JOHN J. Street Address (P.O. Box Number is Not Acceptable) 29 SE 5TH STREET **BOCA RATON FL 33432** 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 □ Delete TITLE TITLE PST NAME NAME HANSEN, JENS JUUL STREET ADDRESS STREET ADDRESS 29 SE 5TH STREET CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33432** ☐ Addition ☐ Change TITLE ☐ Delete TITLE V/AS NAME NAME MATTEIS, JOHN STREET ADDRESS STREET ADDRESS 29 SE 5TH STREET CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33432** Delete Change Addition TITLE TITLE NAME JUUL-HANSEN, THOMAS NAME STREET ADDRESS STREET ADDRESS 29 SE 5TH STREET CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33432** ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME JUUL-HANSEN, NILES NAME STREET ADDRESS STREET ADDRESS 29 SE 5TH STREET CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33432** ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME JUUL-KNUD. HANSEN STREET ADDRESS STREET ADDRESS 29 SE 5TH STREET CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33432** ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

26/4/ 56/24/4
Pate Baying Phone #

FILED