## FILED 2000 UNIFORM BUSINESS REPORT (UBR) Aug 08, 2000 8:00 am Secretary of State **DOCUMENT # K45673** 1. Entity Name JONI INDUSTRIES, INC. 08-08-2000 90007 025 \*\*\*550 00 Principal Place of Business Mailing Address 16230 AVIATION LOOP DR. -16230 AVIATION LOOP DR. **BROOKSVILLE FL 34609 BROOKSVILLE FL 34609** 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-2927454 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GUADAGNINO, GUSTAVE A Street Address (P.O. Box Number is Not Acceptable) 16230 AVIATION LOOP DR. **BROOKSVILLE FL 34609** 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 DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 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. Addition Change **PVST** TITLE DPVPST ☐ Delete TITLE **GUADAGNINO, GUS** NAME NAME GUADAGNINO, GUS STREET ADDRESS 16230 AVIATION LOOP DR 16230 AVIATION LOOP DR STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP **BROOKSVILLE FL** BROOKSVILLE, FL 34609 Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE 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 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 leport 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.

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

☐ Delete

☐ Change

Addition

CR2E034 (5/00