FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2002 8:00 am
Secretary of State
04-23-2002 90322 009 ***150.00

DOCUMENT # M832760

1. Entity Name JIFFY JUMP OF SOUTHEAST, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3107 SPRING GLEN RD, SUITE 213	3107 SPRING GLEN RD, SUITE 213
Suite, Apt. #, etc.	Suite, Apt. #, etc. JACKSONVILLE, FL
City & State JACKSONVILLE, FL	City & State
Zip 32207 Country USA	Zip 32207 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2895563 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name IRMA W. BLATTNER

Street Address (P.O. Box Number is Not Acceptable) 3107 SPRING GLEN RD., SUITE 213

City JACKSONVILLE **FL** Zip Code 32207

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 IRMA W. BLATTNER [signature] 2/18/02
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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P	TITLE	
NAME	GERALD E. WATTERSON, JR.	NAME	
STREET ADDRESS	3107 SPRING GLEN RD., SUITE 213	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32207	CITY-ST-ZIP	
TITLE	T/S	TITLE	
NAME	IRMA W. BLATTNER	NAME	
STREET ADDRESS	3107 SPRING GLEN RD., SUITE 213	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32207	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: IRMA W. BLATTNER [signature] S/T 2/18/02 904-398-0045
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #