2001 UNIFORM BUSINESS REPORT (UBR)

Apr 13, 2001 8:00 am Secretary of State DOCUMENT # P0000013409 POPPA JIM'S, INC. 04-13-2001 90051 017 ***150.00 Principal Place of Business Mailing Address 3809 GOLF COURSE RD. 3809 GOLF COURSE RD. **PERRY FL 32347 PERRY FL 32347** UUUJJJJJ 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 593628577 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired П Fee Required ** ** ** 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MORGAN, CYNTHIA P Street Address (P.O. Box Number is Not Acceptable) 3809 GOLF COURSE RD. **PERRY FL 32347** Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE ☐ Delete TITLE Change ☐ Addition MORGAN, CYNTHIA P NAME NAME STREET ADDRESS STREET ADDRESS 3809 GOLF COURSE RD. CITY-ST-ZIP CITY-ST-ZIP **PERRY FL 32347** VSTD ☐ Delete TITLE ☐ Change ☐ Addition TITI F MORGAN, DAVID G NAME NAME STREET ADDRESS STREET ADDRESS 3809 GOLF COURSE RD. CITY-ST-7IP CITY-ST-7IP **PERRY FL 32347** Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Addition TITLE ☐ Delete Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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

CITY-ST-ZIP

4-8-2001-850838-2109
Date Daytime Phone #