2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P01000002686

1. Entity Name J & S PROPERTIES OF CAPE CORAL, INC.



FILED Apr 09, 2003 8:00 am Secretary of State 04-09-2003 90188 031 ***150.00

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|---|---|---|---------------------------------------|---|-----------------------------------|
| Principal Place of Business 3401 SE 2ND PLACE CAPE CORAL FL 33904 | | Mailing Address 3401 SE 2ND PLACE CAPE CORAL FL 33904 | | | 1800 (1801 1802) (1802 1803 1884) |
| 2. Principal Place of Business | | 3. Mailing Address | | — | /0.110 |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | CHECK HERE IF MAKING | CHANGES |
| City & State | | City & State | | 4. FEI Number 65-1068665 | Applied For Not Applicable |
| Zìp | Country | Zip | Country | 5. Certificate of Status Desired | \$8.75 Additional |
| | 6. Name and Address of Current | Registered Agent | | 7. Name and Address of New Registered | |
| - | C. Name and Address of Carrent | negistered Agent | Name | 7. Name and Address of New Neglistered 2 | tgent |
| ALEXANDER, JACK C SR | | | | (P.O. Box Number is Not Acceptable) | |
| | 2ND PLACE RAL FL 33904 | | | | |
| | | | City | FL | Zip Code |
| the obligati | ions of registered agent. | | Registered Agent signature requir | ered agent, or both, in the State of Florida. I am f | amiliar with, and accept |
| After | ILE NOW!!! FEE IS \$150.00 P May 1, 2003 Fee will be \$550.00 Payable to Florida Department o | l State | | 9. Election Campaign Financing Trust Fund Contribution. | |
| 10. | OFFICERS AND | DIRECTORS | 11. | ADDITIONS/CHANGES TO OFFICERS AND | DIRECTORS IN 11 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | RAP ALEXANDER, JACK C SR 3401 SE 2ND PLACE CAPE CORAL FL 33904 | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Change ☐ Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-SI-ZIP | | ☐ Change ☐ Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Change ☐ Addition |
| 12. Thereby o | ertify that the information supplied with | this filing does not qualify for | the exemption stated in S | Section 119.07(3)(i); Florida Statutes. I further cert | ify 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: