FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90943 030 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000048753

1. Entity Name
JOURNEY'S END, INC.

Principal Place of Business	Mailing Address
9650 SOUTH OCEAN DRIVE #1404 JENSEN BEACH, FL 34957	POST OFFICE BOX 252 STUART, FL 34995

2. Principal Place of Business	3. Mailing Address
717 SE 5th ST.	717 SE 5th ST.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: STUART, FL	City & State: STUART, FL
Zip: 34994 Country: USA	Zip: 34994 Country: USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 27-0011345 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PAWLUC, SONIA M
9650 SOUTH OCEAN DRIVE
#1404
JENSEN BEACH, FL 34957

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable) 717 SE 5th ST.

City STUART FL Zip Code 34994

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. I am familiar with, and accept the obligations of registered agent.

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
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

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

10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PAWLUC, SONIA M 9650 SOUTH OCEAN DRIVE, #1404 JENSEN BEACH, FL 34957	☐ 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-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] April 9, 2003 772.463.2600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #