May 30 01 08:48a I. Rivers 14

FILED
Jun 05, 2001 8:00 am
Secretary of State

5/11/0 05-11-2001 90314 043 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000034489

1. Entity Name
JR INTERNATIONAL ENTERPRISES, INC.

Principal Place of Business	Mailing Address
12101 CRESCENT COVE CT. WINDERMERE FL 34786 US	P.O. BOX 1969 WINDERMERE FL 34786 US

74361

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3312912 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~DULIN, RAMSEY W 201 E. PINE STREET SUITE 1402 ORLANDO FL 32801~~	Name: Jacqueline Bozzuto Street Address (P.O. Box Number is Not Acceptable): 215 North Eola Drive City: Orlando, Florida 32801

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] JACQUELINE BOZZUTO (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)

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RIVERS, JOHNNY 12101 CRESENT COVE COURT WINDERMERE FL 34786 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/00)

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

SIGNATURE: [signature] 4/27/01 4078762681

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