2002 UNIFORM BUSINESS REPORT (UBR)

May 22, 2002 8:00 am Secretary of State DOCUMENT # S10606 1. Entity Name 05-22-2002 90090 012 ***150.00 JR PARTNERSHIP, INC. Principal Place of Business Mailing Address 1129 LAKELAND HILLS BLVD P. O. BOX 90104 LAKELAND FL 33805 LAKELAND FL 33804 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 59-3036922 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RIMMER, JAMES P. Street Address (P.O. Box Number is Not Acceptable) 607 FINNEY St - 1018 E HIGHLAND DR LAKELAND FL 33813-Zip Code 8.3 The above named entity submits this statement for the purpose of changing its registered office of registered agents or both sin the State of Florida Southing this statement for the purpose of original isological explicitly of the purpose of the Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11, OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE. TITLE ☐ Change ☐ Addition NAME RIMMER, JAMES P NAME 607 Pinney St STREET ADDRESS 1018 E HIGHLAND DR STREET ADDRESS CITY-ST-7/P LAKELAND FL-93818 CITY-ST-7IP TITLE Change ☐ Addition NAME RIMMER, JAMES P NAME STREET ADDRESS FINNES ST 1018 E HIGHLAND DRIVE STREET ADDRESS CITY-ST-ZIP LAKELAND FL 93813 CITY-ST-ZIP -TITLE TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS,

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.

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CITY-ST-7IF

SIGNATURE:

H24192

FILED