2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

DOCUMENT # P99000004791 May 18, 2000 8:00 am Secretary of State 1. Entity Name JCL LONG, INC. 05-18-2000 90314 046 ***150.00 Principal Place of Business Mailing Address 11709 ASHLEY COURT 11783 ASHLEY COURT SEMINOLE PL: 33772-2245 SEMINOLE FL 33772 2. Principal Place of Business 225 Ulmerton Rd DO NOT WRITE IN THIS SPACE Applied For Not Applicable \$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 RAIFORD, ANISSA C 11783 ASHLEY COURT 10225 Ulmerton Rd.4-D Street Address (P.O. Box Number is Not Acceptable) SEMINOLE FL 33772 LARGO, FI 33771 Zip Code 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change ☐ Addition TITLE ☐ Delete TITLE LONG, JANET C 10225 Ulmeeton Rd 4-D NAME NAME STREET ADDRESS -11783 ASHLEY-COURT STREET ADDRESS CITY-ST-ZIP SEMINOLE FL 33772 CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE 10225 4 Invertor Rd. 4-0 RAIFORD, ANISSA C NAME STREET ADDRESS STREET ADDRESS 11783: ASHLEY-COURT CITY-ST-ZIP SEMINOLE FL 33772 CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITI F ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 of 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 impowered. changed, or on an attachme