FILED

2001 UNIFORM BUSINESS REPORT (UBR)

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

May 02, 2001 8:00 am DOCUMENT # P99000102696 Secretary of State 1. Entity Name JIS, INC. 05-02-2001 90110 020 ***150.00 Principal Place of Business Mailing Address 878 BARRER STREET 878 BARRER STREET SEBASTIAN FL 32958 SEBASTIAN FL 32958 2. Principal Place of Business 3. Mailing Address 1270 CLEARMONT ST 1270 CLEARMONT ST Suite, Apt, #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE * # 0 City & State City & State BAY Applied For 4. FEI Number 65-0968303 BAY Fi **HALIW** Not Applicable Country ^Z023 \$8.75 Additional 5. Certificate of Status Desired 2905 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent STEWART, ILLONA J Street Address (P.O. Box Number is Not Acceptable) 836 MONTROSE AVENUE **878 BARBER STREET** SEBASTIAN FL 32958 City SEBASTIAN 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 04.25.01 (NOTE: Registered Agent signature required when reinstating) 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, 2001 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. Change Delete TITLE TITLE STEWART, ILLONA J NAME NAME 836 MONTROSE AVENUE STREET ADDRESS STREET ADDRESS **878 BARBER STREET** SEBASTIAN, FL 32958 CITY-ST-ZIP CITY-ST-ZIP SEBASTIAN FL 32958 ☐ Delete TITLE STEWART, JAMES J NAME 836 MONTROSE AVENUE STREET ADDRESS **878 BARBER STREET** STREET ADDRESS SEBASTIAN, FL CITY-ST-7IP CITY-ST-ZIP SEBASTIAN FL 32958 ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP [] Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition NAME STREET ADDRESS STREET ADDRESS 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 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