2000 UNIFORM BUSINESS REPORT (UBR)

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

FILED DOCUMENT # 427492 Jan 19, 2000 8:00 am 1. Entity Name **Secretary of State** JWJ. INC. 01-19-2000 90157 038 ***158.75 Principal Place of Business Mailing Address 2300 S W 3RD AVE 2300 S W 3RD AVE OCALA FL 32674 OCALA FL 34474-3654 Γ 00000T0O3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-1463915 Not Applicable Zip Zip Country \$8.75 Additional Country abla5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name YARBROUGH, JESSE RAY Street Address (P.O. Box Number is Not Acceptable) 2300 S.W. 3RD AVE. OCALA FL 32740 Zip Code City FL 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 DATE Signature, typed or printed name of registered agent and title if applicable. (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, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. П Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. XX Change ☐ Addition ☐ Delete TITLE TITLE PD YARBROUGH, JESSE RAY NAME NAME YARBROUGH, JESSE RAY STREET ADDRESS 6281 NE 60 ST STREET ADDRESS 1910 S.E. 37th COURT CIRCLE CITY-ST-ZIP CITY-ST-ZIP SILVER SPRINGS FL OCALA, FL 34471 ☐ Defete TITLE Change ☐ Addition TIT1 F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Change - · Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Addition ☐ Delete ☐ Change 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 Change ☐ Addition ☐ Delete TITLE TIT! F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

JESSE RAY YARBROUGH, PRESIDENT

01/11/00

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