2001 UNIFORM BUSINESS REPORT (UBR) May 18, 2001 8:00 am Secretary of State **DOCUMENT # 587111** 05-18-2001 91611 001 ***150.00 STAN-JEL COMPANY, INC. 05-18-2001 91611 002 *****8.75 05-18-2001 91611 003 *****8.75 Mailing Address Principal Place of Business P.O. BOX 411 P.O. BOX 411 BRANDON FL 33511-7608 BRANDON FL 33511-7608 72720 Principal Place of Business DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 59-2395530 Not Applicable \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent JELLICO, RUBY L. ess (P.O. Box Number is Not Acce 2714 BELL SHOALS RD zrucken BRANDON FL 33511-7608 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. (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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ☐ Change ☐ Addition **PSD** Delete TITLE TITLE JELLICO, RUBY L NAME NAME STREET ADDRESS 2714 ELL SHOALS RD STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P **BRANDON FL 33511-7608** Addition TITLE ☐ Delete JELLICO, DIANE M NAME NAME STREET ADDRESS STREET ADDRESS 2714 BELL SHOALS RD CITY-ST-ZIP CITY-ST-ZIP **BRANDON FL 33511-7608** ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE □ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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: