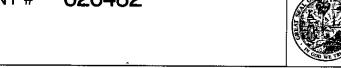
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

626482 **DOCUMENT #**

1. Entity Name JAYMUR, INC.

SIGNATURE:



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Feb 21, 2003 8:00 am Secretary of State 02-21-2003 90162 025 ***150.00

| | | <u> </u> | | | |
|---|--|---|--|--|--|
| Principal Place of Business 3465 OCEAN DRIVE VERO BCH. FL 32963 | | Mailing Address 3465 OCEAN DRIVE VERO BCH. FL 32963 | | T 1881/18 BISHO HAKA BISHI BIBAN KANA KANA BIBAN BIBAN BIBAN BIBAN KANA BIBAN BIBAN BIBAN KANA | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | CHECK HERE IF MAKING CHANGES | |
| City & Stat | e | City & State | | 4. FEI Number 59-1916576 Applied For | |
| Zip | Country | Zip | Country | 5. Certificate of Status Desired See Required Fee Required | |
| | 6. Name and Address of Current | Registered Agent | | 7. Name and Address of New Registered Agent | |
| | | | Name | 7. Name and Address of New Registered Agent | |
| MURPHY, EDWARD R JR | | , | | The state of the s | |
| 125 SKYLINE CIR | | , | Street Addres | ss (P.O. Box Number is Not Acceptable) | |
| | BCH FL 32937 | | | | |
| | | | | | |
| | | | City | FL Zip Code | |
| 8. The above the obligat | named entity submits this statement for ions of registered agent. | r the purpose of changing its | s registered office or regis | stered agent, or both, in the State of Florida. I am familiar with, and accept | |
| 0.01121.05 | | | | | |
| SIGNATURE . | Signature, typed or prinjed name of registered agent | and title if applicable. (NOT | E: Registered Agent signature requ | ruired when reinstating) DATE | |
| · | ILE NOW!!! PEE IS \$150.00 | | | | |
| After | May 1, 2003 Fee will be \$550.00 Payable to Florida Department of | f State | | 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees | |
| 10. | OFFICERS AND | DIRECTORS | 11. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| 11 jre | PTD | ☐ Delete | TITLE | ☐ Change ☐ Addition | |
| `NAME | MURPHY, EDWARD R. JR | | NAME | | |
| STREET ADDRESS | 125 SKYLINE CIRCLE | | STREET ADDRESS | | |
| CITY-ST-ZIP | SATELLITE BCH FL | <u>-</u> | CITY-ST-ZIP | | |
| TITLE | VSD | ☐ Delete | TITLE | ☐ Change ☐ Addition | |
| NAME | MURPHY, ALFREDA J. | | NAME | · | |
| STREET ADDRESS CITY-ST-ZIP | 125 SKYLINE CIRCLE SATELLITE BCH FL | | STREET ADDRESS | | |
| | | | CITY-ST-ZIP | · · · · · · · · · · · · · · · · · · · | |
| TITLE NAME | VD | ☐ Delete | TITLE | ☐ Change ☐ Addition | |
| _ | MURPHY, EDWARD R. III 2165 PINEAPPLE AVENUE | | NAME STREET ADDRESS | | |
| | MELBOURNE FL | | CITY-ST-ZIP | | |
| TITLE | | ☐ Delete | TITLE | ☐ Change ☐ Addition | |
| NAME | | Delete | NAME | ☐ Change ☐ Addition | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | ☐ Delete | TITLE | ☐ Change ☐ Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS CITY-ST-ZIP | | | STREET ADDRESS | | |
| | | | CITY-ST-ZIP | | |
| TITLE | | ☐ Delete | TITLE | ☐ Change ☐ Addition | |
| NAME STREET ADDRESS | | | NAME | | |
| CITY-ST-ZIP | | | STREET ADDRESS CITY-ST-ZIP | | |
| 12. I hereby control indicated of the corp | | wered to execute this report: | the exemption stated in the ex | Section 119.07(3)(i), Florida Statutes. I further certify that the information the same legal effect as if made under oath; that I am an officer or director 507, Florida Statutes; and that my name appears in Block 10 or Block 11 if | |