AMENDED ANNUAL REPORT

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 677059

1. Entity Name

JACK NELSON ENTERPRISES, INC.

APPROVED AND FILED

01 NOV -9 AM 11:01

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business | Mailing Address

2. Principal Place of Business	3. Mailing Address
35412 S. Federal Highway	35412 S. Federal Highway
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Florida City, FL 33034	City & State: Florida City, FL 33034
Zip / Country	Zip / Country

4. FEI Number: 59-2008183 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
Nelson, Jack 35412 S. Federal Highway Florida City, FL 33034	Name: Patty Nelson Street Address (P.O. Box Number is Not Acceptable): 35412 S. Federal Highway City: Florida City FL Zip Code: 33034-5610

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] Patty Nelson 11/07/01

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
Make Check Payable to Department of State

000004679738--9
-11/14/01--01099--005
*****61.25 *****61.25

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President, Director Nelson, Jack 35412 S. Federal Highway Florida City, FL 33034-5610 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Pres., Vice-Pres., Secretary Treasurer, Director Nelson, Patty 35412 S. Federal Highway Florida City, FL 33034-5610 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [signature] Patty Nelson, Pres,Dir. 11/7/01 (305) 245-5550

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

Charter Number Only

VALIDATION ONLY

Elizabeth

Terminello & Terminello
Requestor's Name
2700 SW 37 Ave.
Address
Miami, FL 33133
City State ZIP Phone
AAP 5002

CORPORATION(S) NAME

JACK Nelson Enterprises, Inc.

RECEIVED
01 NOV -9 AM 9:29
DIVISION OF CORPORATION

( ) Profit
( ) NonProfit ( ) Amendment ( ) Merger

( ) Foreign ( ) Dissolution ( ) Mark

( ) Limited Partnership (X) Annual Report (Amended) ( ) Other
( ) Reinstatement ( ) Reservation ( ) Change of Registered Agent

( ) Certified Copy ( ) Photo Copies ( ) Certificate Under Seal

( ) Call When Ready ( ) Call If Problem ( ) After 4:30
( ) Walk In ( ) Will Wait ( ) Pick Up ( ) Mail Out

Name Availability
Document Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier

Empire Toll Free: 1-800-432-3028