2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # 692380** Mar 29, 2000 8:00 am 1. Entity Name Secretary of State JUSCO, INC. 03-29-2000 90058 027 ***150.00 Principal Place of Business Mailing Address 4701 16TH STREET NO 4701 16TH STREET NO C/O JAMES H. JUSTICE C/O JAMES H. JUSTICE ST PETERSBURG FL 33703-3509 ST PETERSBURG FL 33703 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-2114664 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name JUSTICE, JAMES H. Street Address (P.O. Box Number is Not Acceptable) 4701 16TH STREET NO ST PETERSBURG FL 33703 Zip Code 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, typed or printed name of registered agent and title if applicable DATE (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. 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. ☐ Addition ☐ Change TITLE TITLE Delete JUSTICE, JAMES H NAME NAME 4701 16TH ST N STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ST PETERSBURG, FL 33703 ☐ Addition Change ☐ Delete TITLE TITLE. JUSTICE, DIANE NAME STREET ADDRESS STREET ADDRESS 4701 16TH ST N CITY-ST-ZIP CITY-ST-ZIP ST PETERSBURG, FL 33703 Change ☐ Addition ☐ Delete TITLE DD F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE 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 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

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

SIGNATURE:

SIGNATURE:

SIGNATURE SIGNATURE AND TYPEG OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date