2000 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 05, 2000 8:00 am Secretary of State **DOCUMENT # 697560** 1. Entity Name J-JIREH, INC. 04-05-2000 90062 020 ***150.00 Principal Place of Business Mailing Address 11021 MATTERHORN COURT 11021 MATTERHORN COURT SPRING HILL FL 34608-5162 SPRING HILL FL 34608 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS PACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-2145732 Not Applicable Zip Country 8.75 Additional Country 5. Certificate of Status Desired ee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ESPOSITO, F PHILIP Street Address (P.O. Box Number is Not Acceptable) 11021 MATTERHORN STREET SPRING HILLS FL 34608 Zip Code 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 DAT 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 Atter 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12, 11. Addition PD TITLE ☐ Change Delete TITLE ESPOSITO, F PHILIP NAME NAME STREET ADDRESS 11021 MATTERHORN COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP SPRING HILL FL ☐ Change ☐ Addition Delete TITI F TITLE ESPOSITO, BARBARA NAME NAME 11021 MATTERHORN COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SPRING HILL FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE ESPOSITO, BARBARA NAME NAME STREET ADDRESS 11021 MATTERHORN COURT STRI. "" ADDRESS CITY-ST-7IP CITY-ST-ZIP SPRING HILL FL ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS ent st-zip CITY-ST-ZIP

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.