2002 UNIFORM BUSINESS REPORT (UBR)

Mar 25, 2002 8:00 am § Secretary of State DOCUMENT # F00000000292 1. Entity Name 03-25-2002 90107 041 ***158.75 J.S.R. CONSTRUCTION, INC. Mailing Address Principal Place of Business 370-N-LOUISIANA-AVE 370 N-LOUISIANA-AVE STE-A-1 STE-A-1 ASHEVILLE NC 28806 ASHEVILLE-NG-28806 2. Principal Place of Business 3. Mailing Address 885 Crossroads Parkway 885 Crossroads Parkway Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Ste. A-1 Ste. A-1 Applied For City & State 4. FEI Number City & State 56-1764183 Mars Hill, NC Mars Hill, NC Not Applicable \$8.75 Additional Country Country 5. Certificate of Status Desired \mathbf{x} 28754 28754 Madison Madison Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PRESTON, ANTHONY Street Address (P.O. Box Number is Not Acceptable) 5906 ARIENNE CIRCLE MILTON FL 32570 Zip Code City 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, 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 \$5.00 May Be 10. Election Campaign Financing After May 1, 2002 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 Change TITLE TITLE ☐ Delete NAME NAME RICE, JOHN S 885 Crossroads Parkway, Ste. A-1 STREET ADDRESS STREET ADDRESS 370-N-LOUISIANA-AVE-STE-A-1-Mars Hill, NC 28754 CITY-ST-ZIP ASHEVILLE NC 28806 CITY-ST-ZIF Addition ☐ Delete TITLE K Change TITLE NAME NAME BENNETT, JOHNNY R 885 Crossroads Parkway, Ste. A-1 STREET ADDRESS STREET ADDRESS 370 N LOUISIANA AVE-STE-A-1 Mars Hill, NC 28754 CITY-ST-ZIP CITY-ST-7IP ASHEVILLE NC 28806-☐ 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-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE ٤ NAME 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 CITY-ST-7IP 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 accordate 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 trusfee 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.

FOUGHTS Rice, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

3/12/02

Daytime Phone #

FILED