FILED

2002 Uniform Business Report (UBR)

Apr 11, 2002 8:00 am Secretary of State **DOCUMENT #** F01000003847 1. Entity Name 04-11-2002 90071 005 ***150.00 JACK'S JEWELERS, INC. Principal Place of Business Mailing Address 124 PALM HARBOR BLVD 4 BRADLEY PARK COURT PANAMA CITY BEACH FL 32408 **STE 120** COLUMBUS GA 31904 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 58-0826996 Not Applicable Zio Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ROSENBERG JR. IRVIN Street Address (P.O. Box Number is Not Acceptable) 124 PALM HARBOR BLVD PANAMA CITY BEACH FL 32408 City 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. (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, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Addition CR2E034 (9/01) **PCTD** ☐ Change TITLE ☐ Delete TITLE NAME ROSENBERG JR, IRVIN NAME STREET ADDRESS STREET ADDRESS 124 PALM HARBOR BLVD CITY-ST-ZIP PANAMA CITY BEACH FL CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME ROSENBERG, COLLEEN NAME STREET ADDRESS STREET ADDRESS 124 PALM HARBOR BLVD CITY-ST-ZIP PANAMA CITY BEACH FL CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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:

Daytime Phone #