2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F10786

1. Entity Name

JORIS INVESTMENT MANAGEMENT COMPANY



FILED Mar 31, 2003 8:00 am § Secretary of State

03-31-2003 90215 008 ***150.00

REILLY, MAUREEN E. STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP							600 NE 180						
Suite, Apt. 4, etc. Suite, Apt. 4, etc.	27 CARRIAGE	CREEK WAY		27 C	ARRIAGE CREEK W				† 1881/188 (188 /188) ABIN (1888) IS				
City & State Country S. Certificate of Status Desired B. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent REILLY, WALTER A., JR. 27 CARRIAGE CREEK WAY ORMOND BEACH FL 32174 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Tarn familiar with, and accidence the obligations of registered agent, or both, in the State of Florida. Tarn familiar with, and accidence of the obligations of registered agent, or both, in the State of Florida. Tarn familiar with, and accidence of the obligations of registered agent, or both, in the State of Florida. Tarn familiar with, and accidence of the obligations of registered agent, or both, in the State of Florida. Tarn familiar with, and accidence of the obligations of registered agent, or both, in the State of Florida. Tarn familiar with, and accidence of the obligations of registered agent, or both, in the State of Florida. Tarn familiar with, and accidence of the obligations of registered agent, or both, in the State of Florida. Tarn familiar with, and accidence of the obligations of registered agent, or both, in the State of Florida. Tarn familiar with, and accidence of the obligations of registered agent, or both, in the State of Florida. Tarn familiar with, and accidence of the obligations of registered agent, or both, in the State of Florida. Tarn familiar with, and accidence of the obligations of registered agent, or both, in the State of Florida. Tarn familiar with, and accidence of the obligations of registered agent, or both, in the State of Florida. Tarn familiar with, and accidence of the obligations of registered agent, or both, in the State of Florida. Tarn familiar with, and accidence of the obligations of registered agent, or both, in the State of Florid	2. Principal P	Place of Business	3	3. Ma	iling Address							3	
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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. I am familiar with, and accelerate the obligations of registered agent and the if applicable. Signature	27 CARRIA	AGE CREEK V	/AY				Sileet Addres	S (F.O. E	oox Number is Not Acceptable	·)			
B. 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. I am familiar with, and accelerate the obligations of registered agent and title if applicable. Signature Signature, typod or private name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	ORMOND	BEACH FL 32	174										
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12. 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 coordinates and accuracy and that the control of the second statutes are formation.	STREET ADDRESS	3					1						

curate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director ecute this renow as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if of the corporation or the receiver or truste changed, or on an attachment with an ad

SIGNATURE