2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Sep 13, 2000 8:00 am Secretary of State DOCUMENT # F9700005087 1. Entity Name JAX MALL, INC. 09-13-2000 90013 015 ***550.00 Principal Place of Business Mailing Address 10065 EMERALD COAST PKWY W.:-#G 3 10065 EMERALD COAST PKWY W: #G-9 DESTIN FL 32541 DESTIN FL-32541 2. Principal Place of Business 3. Mailing Address 1708 OLDSHIGHWAY 98 1708 OLD HIGHWAY 98 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 62-1711976 DESTIN FLFLDESTIN Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 32550 Fee Required 32550 USA USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent --Name OLIVER, HOWARD C Street Address (P.O. Box Number is Not Acceptable) -10085 EMERALD COAST PKWY W:, #C-S-<u>1708 OLD HIGHWAY 98</u> DESTIN FL-32541~ Zip Code 32550 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 \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min, will be \$750,00 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. Change Change ☐ Addition CR2E034 (5/00 PTSD TITLE TITLE ☐ Delete OLIVER, HOWARD C NAME NAME STREET ADDRESS 1708 OLD HIGHWAY 98 STREET ADDRESS 10065 EMERALD COAST PKWY W., #C-3 CITY-ST-ZIP CITY-ST-ZIP 32550 DESTIN FL-32541 DESTIN ☐ Delete X Change Addition DCSD TITLE TITLE OWENS, PAUL D NAME NAME 1708 OLD HIGHWAY 98 STREET ADDRESS STREET ADDRESS -10065-EMERALD COAST PKWY W., #C-3 CITY-ST-ZIP FL32550 CITY-ST-7IP DESTIN FL-32541 DESTIN Change Addition TITLE Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Detete 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 ☐ Change ☐ Addition ☐ Delete TITLE TITLE 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