2003 FOR PROFIT CORPORATION

FILED Mar 31, 2003 8:00 am Secretary of State ŰNIFORM BUSINESS REPORT (UBR F98000001695 DOCUMENT # 1. Entity Name 03-31-2003 90299 017 ***150.00 JMZ SERVICES, INC. Principal Place of Business Mailing Address 300 NORTH COUNTY RD 427 300 NORTH COUNTY RD 427 STF 102 STF 102 LONGWOOD FL 32750 LONGWOOD FL 32750 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State 4. FEI Number City & State Applied For 58-2224594 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7.- Name and Address of New Registered Agent -ZICCARDI, JOHN M Street Address (P.O. Box Number is Not Acceptable) 300 NORTH COUNTY RD 427 STE 102 LONGWOOD FL 32750 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE Delete ☐ Change ☐ Addition NAME ZICCARDI, JOHN M NAME STREET ADDRESS 300 N COUNTY RD 427 STE 102 STREET ADDRESS CITY-ST-ZIP LONGWOOD FL 32750 CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME ZICCARDI, ELIZABETH NAME STREET ADDRESS 492 ALINOLE LOOP STREET ADDRESS CITY-ST-ZIP LAKE MARY FL 32746 CITY-ST-ZIP Change ☐ Delete TITLE ☐ Addition TITLE -NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE Change ☐ Addition

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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

NAME

☐ Delete

STREET ADDRESS

STREET ADORESS

CITY-ST-ZIP

CITY-ST-ZIP

NAME

ThN M. ZICCARDI 3-28-03 (407)677-6330

☐ Addition