## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED **DOCUMENT # G28818** May 23, 2000 8:00 am Secretary of State JB INVESTMENTS, INC. 05-23-2000 90094 001 \*\*\*900.00 Mailing Address Principal Place of Business L.O.F.F.I.N. LO.F.F.I.N. 472 1ST STR W 472 1ST STR W TIERRA VERDE FL 33715-1707 TIERRA VERDE FL 33715 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FE! Number 59-2270474 Not Applicable 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 Name SWISHER, JOHN Street Address (P.O. Box Number is Not Acceptable) 669 1ST AVE N ST PETERSBURG FL 33701 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 Signature, typed or printed name of registered agent and title if applicable (NOTE. Registered Agent signature required when reinstating) DATE 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, 2000 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 **PDT** ☐ Delete TITLE TITLE DE BRUIJN, JOÉP NAME STREET ADDRESS STREET ADDRESS 669 1ST AVE N CITY-ST-ZIP CITY-ST-ZIP ST PETERSBURG FL 33701 Change ■ Addition TITLE □ Delete TITLE NAME DE BRUIJN, BART NAME STREET ADDRESS 669 1ST AVE N STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ST PETERSBURG FL 33701 ☐ Change ☐ Addition ☐ Defete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition C Oelete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

I hereby certify that the information supplied with this filling 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 nent with an address, with all other like empowered.

SIGNATURE: