2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

Jun 11, 2002 8:00 am Secretary of State DOCUMENT # G74138 06-11-2002 90393 025 ***150.00 1. Entity Name JRZ INDUSTRIES, INCORPORATED Mailing Address Principal Place of Business 8443 4TH STREET NO 8443 4TH STREET NO ST PETERSBURG FL 33702 ST PETERSBURG FL 33702 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For - -City & State 4. FEI Number City & State 59-2363812 Not Applicable \$8.75 Additional Zip 5. Certificate of Status Desired ____ Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ZINSLER, JAMES R. Street Address (P.O. Box Number is Not Acceptable) 3110 9TH AVE. NORTH SAINT PETERSBURG FL 33713 Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered egent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS .11. ☐ Addition (9/01) ☐ Change TITLE ☐ Delete TITLE NAME ZINSLER, JAMES R CR2E034 STREET ADDRESS STREET ALLESS 3110 9TH AVE. NORTH SAINT PETERSBURG FL 33713 CITY-ST-ZIP CITY-ST-ZIP Vice President Delete Delete TITLE TITLE Elizabeth Z. Bord NAME DALTON, DENNIS M NAME Hillside Drive STREET ADDRESS STREET ADDRESS 800 SOUTH DAKOTA #105 Monticello. FL 32344 CITY-ST-ZIP CITY-ST-ZIF TAMPA FL 33-6060 ☐ Addition ☐ Change Delete TITLE TITLE NAME NAME ZINSLER, FRANK G. STREET ADDRESS STREET ADDRESS 6252 SUNDANCE DR CITY-ST-ZIP CITY-ST-ZIP ZEPHYRHILLS FL 33540 ■ Addition Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Detete TITLE 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 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.

FILED