FILED

2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachme

SIGNATURE:

Jul 24, 2001 8:00 am Secretary of State H16713 **DOCUMENT #** 1. Entity Name 07-24-2001 90039 043 ***150.00 CJG ENTERPRISES, INC. Principal Place of Business Mailing Address 135 KEY HAVEN RD 135 KEY HAVEN RD KEY WEST FL 33040 KEY WEST FL 33040 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-2459286 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BATTILLO, JOHN Street Address (P.O. Box Number is Not Acceptable) 135 KEY HAVEN RD KEY WEST FL 33040 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. 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 \$550.00 This corporation is eligible to satisfy its Intangible \$5.00 May Be "10. Election Campaign Financing After September 12, 2001 Fee 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 11. 12. CR2E034 (5/01 TITLE PD Delete TITLE ☐ Change ☐ Addition NAME BATTILLO, JOHN NAME 16 SAPPHIRE DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP KEY WEST FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME BATTILLO, CHIANG FONG NAME STREET ADDRESS 16 SAPPHIRE DR STREET ADDRESS CITY-ST-ZIP KEY WEST FL CITY-ST-ZIP ☐ Delete ☐ Change Addition NAME JEFFRY ECKARD NAME STREET ADDRESS 3328 EAGLE AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP KEY WEST FL Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby 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

FLORIDA PRPI-STATE CORPORA TLOW