2001 UNIFORM BUSINESS REPORT (UBR)

May 10, 2001 8:00 am Secretary of State **DOCUMENT # H34100** 1. Entity Name JPG ENTERPRISES, INC. 05-10-2001 90187 004 ***150.00 Principal Place of Business Mailing Address 4061 ROYAL PALM BEACH BOULEVARD 4061 ROYAL PALM BEACH BOULEVARD 762347 ROYAL PALM BEACH FL 33411 ROYAL PALM BEACH FL 33411 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2474024 Not Applicable Zip 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 GEORGE, JOHN P. Street Address (P.O. Box Number is Not Acceptable) 4061 ROYAL PALM BCH BLVD **ROYAL PALM BEACH FL 33411** City Zip Code FI 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) 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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 SR2E034 (10/00) TITLE ☐ Change Addition Delete TITLE NAME GEORGE, JOHN P. NAME STREET ADDRESS STREET ADDRESS 4061 ROYAL PALM BEACH BLVD. CITY-ST-ZIP CITY-ST-ZIP ROYAL PALM BEACH FL 33411 Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change Addition TITLE ☐ Delete TITLE NAME NAME -STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP I hereby certify that the information upplied with his filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information

e and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director to a secure this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE:

indicatéd on this report or suppl

changed, or on an attachment

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

empowered.

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(561)790 - 2068

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