2000 UNIFORM BUSINESS REPORT (UBR)

Feb 07, 2000 8:00 am **DOCUMENT # H55210 Secretary of State** 1. Entity Name 02-07-2000 90064 036 ***150 00 JDN PROPERTIES, INC. Mailing Address Principal Place of Business 909 OAKWOOD DRIVE 909 OAKWOOD DRIVE CIO~~~ LARGO FL 33770-4611 LARGO FL 33770 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2554773 Not Applic. Zip Zip Country 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 CAROLLO, JOSEPH J. Street Address (P.O. Box Number is Not Acceptable) 909 OAKWOOD DRIVE **LARGO FL 34640** City Zip Code atement for the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above partied entity submits SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May 1 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 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 12. 11. TITLE ☐ Change TITLE ☐ Delete CAROLLO, JOSEPH J. NAME NAME STREET ADDRESS STREET ADDRESS 909 OAKWOOD DR CITY-ST-ZIP CITY-ST-ZIP LARGO FL 33770 ☐ Change \Box . ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP □ *-TITLE Change Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change \Box . NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-78 TITLE ☐ Change TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby 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 supplied with this filing does

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 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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR