2003 FOR PROFIT CORPORATION

May 15, 2003 8:00 am 3 **UNIFORM BUSINESS REPORT (UBR) Secretary of State** J47606 **DOCUMENT#** 05-15-2003 90118 042 ***150.00 1. Entity Name JOINER VAN & STORAGE, INC. Principal Place of Business Mailing Address P.O. BOX 149505 3454 ALOMA AVE WINTER PARK FL 32792 ORLANDO FL 32814 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES 4. FEI Number 59-2776734 City & State City & State Applied For Not Applicable Zip Country Zip 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 HOBBS, RANDALL W. Street Address (P.O. Box Number is Not Acceptable) **500 LAKE MILLS ROAD** CHULUOTA FL 32766 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. I am familiar with, and accept the obligations of registered agent 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. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE: ☐ Delete TITLE **XX**Addition HOBBS, RANDALL W. NAME MAME W. KENT HOBBS 500 LAKE MILLS ROAD STREET ADDRESS STREET ADDRESS 3454 ALOMA AVE CHULUOTA FL CITY-ST-ZIP CITY-ST-ZIP WINTER PARK, FL 32792 ☐ Delete TITLĘ TITLE □ Change ☐ Addition DENTON, JACQUELINE J. NAME NAME 175 E. WEBSTER AVE. STREET ADDRESS STREET ADDRESS WINTER PARK FL CITY-ST-7IP CITY-ST-7/P TITLE Delete ☐ Change ☐ Addition HOBBS, CYNTHIA NAME NAME 500 LAKE MILLS ROAD STREET ADDRESS STREET ADDRESS CHULUOTA FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME 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 TITLE Delete TITLE ☐ Change Addition NAME NAME

12. I hereby certify that the information supplied with this filing does not quality 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME

FILED