2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # J47842** Mar 27, 2000 8:00 am Secretary of State 1. Entity Name M.P. & J.S., INC. 03-27-2000 90090 003 ***150.00 Principal Place of Business Mailing Address 1308 ROSE BLVD 1308 ROSE BLVD STE B STE B ORLANDO FL 32839 ORLANDO FL 32839-3385 US 2. Principal Place of Business 3. Mailing Address Delmar Place 2301 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE iv. Laudordak, 7L Applied For City & State 4. FEI Number 59-2775524 Not Applicable Country US# Ζip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent JAEGER, JOERG Street Address (P.O. Box Number is Not Acceptable) 217 E IVANHOE BLVD. NORTH ORLANDO FL 32804 the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named entity FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. TITLE Addition ☐ Delete TITLE PETER, MICHAEL J. NAME NAME 2301 Del MAr Place 6000 S. RIO GRANDE #102 STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ORLANDO FL Ft. Lauderdale, FL 3330 Change ☐ Addition ☐ Delete TITLE TITI F BOLES, LAIRD M. NAME 6000 S RIO GRANDE AVE STREET ADDRESS STREET ADDRESS ORLANDO FL CITY-ST-7IP CITY-ST-ZIF ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/00

107-193-8265

Daytime Phone #