## 2000 UNIFORM BUSINES'S REPORT (UBR) **FILED** Mar 22, 2000 8:00 am Secretary of State **DOCUMENT # J51979** J & B KAISER, INC. 03-22-2000 90058 044 \*\*\*158.75 Principal Place of Business Mailing Address 6601 OLD CHENEY HWY 6601 OLD CHENEY HWY ORLANDO FL 32807 ORLANDO FL 32807-5286 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite' Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-2760310 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name KAISER, BARBARA B. Street Address (P.O. Box Number is Not Acceptable) 6601 OLD CHENEY HWY ORLANDO FL 32807 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 DATE 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 \$5.00 May Be 10. Election Campaign Financing Atter 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. 12. PVS Change ☐ Addition Delete TITLE TITLE KAISER, BARBARA B. NAME NAME 6601 OLD CHENEY HWY STREET ADDRESS STREET ADDRESS ORLANDO FL CITY-ST-ZIP CITY-ST-ZIP Addition Change TITLE ☐ Delete TITLE KAISER, JOHN PAUL NAME NAME STREET ADDRESS 6601 OLD CHENEY HWY. STREET ADDRESS CITY-ST-ZIP ORLANDO FL CITY-ST-7IP ☐ Addition Change TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

13. I hereby 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 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.