2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Mar 13, 2000 8:00 am Secretary of State **DOCUMENT # J58537** C. J. PROPERTIES, INC. 03-13-2000 90044 043 ***158.75 Principal Place of Business Mailing Address ~ JOHN R. SHIPE % JOHN R. SHIPE 401 W. DONEGAN AVE., STE, A W. DONEGAN AVE., STE, A KISSIMMEE FL 34741-2334 ----: FL 34741 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Applied For City & State 4. FEI Number 59-2773646 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 SHIPE, JOHN R. Street Address (P.O. Box Number is Not Acceptable). 401 W DONEGAN AVE. SUITE A KISSIMMEE FL 34741 Zip Code City FL 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 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

11.	OFFICERS AND D	IRECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		_
TITLE	PD	☐ Delete	TITLE	☐ Change	Addition	(66/6)
NAME	SHIPE, JOHN R.		NAME			
STREET ADDRESS	1000 SHORE DR.		STREET ADDRESS			Š
CITY-ST-ZIP	KISSIMMEE FL 34744		CITY-ST-ZIP			CR2E034
TITLE	VTD	☐ Delete	TITLE	☐ Change	☐ Addition	$\ddot{\circ}$
NAME	SHIPE, CECELIA		NAME			
STREET ADDRESS	1000 SHORE DR.		STREET ADDRESS			
CITY-ST-ZIP	KISSIMMEE FL 34744	<u>.</u>	CITY-ST-ZIP			
TITLE	SD	☐ Delete	TITLE	☐ Change	Addition	
NAME	-rogalski, suzan C-s		- NAME		 †	-
STREET ADDRESS	4671 BRANDY OAK COURT		STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL 32257		CITY-ST-ZIP			
TITLE	D	☐ Delete	TITLE	☐ Change	☐ Addition	
NAME	SHIPE, PAUL E		NAME			
STREET ADDRESS	1000 SHORE DR		STREET ADDRESS			
CITY-ST-ZIP	KISSIMMEE FL 34744		CITY-ST-ZIP			
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition	
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLÉ	☐ Change	☐ Addition	
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY CT. 7ID	,		CITY-ST-7IP		l	

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.

SIGNATURE:

AGNATURE AND TYPED OR PRINTED MARKE OF SIGNING OFFICER OR DIRECTOR Date Date Daytime Phone #