2003 FOR PROFIT CORPORATION

FILED May 02, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR)** J98046 DOCUMENT # 1. Entity Name 05-02-2003 90743 019 ***150.00 JIM ROSS, INC. Principal Place of Business Máiling Address % JAMES F. ROSSEWEY % JAMES F. ROSSEWEY 14000 U.S. HIGHWAY 19 NORTH 14000 U.S. HIGHWAY 19 NORTH CLEARWATER FL 33764 CLEARWATER FL 33764 US US 2. Principal Place of Business 3. Mailing Address 756 Suite, Apt. #, etc. Suite, Apt. #, etc ☐ CHECK HERE IF MAKING CHANGES City & State City & State Applied For 4. FEI Number 14-1542100 FL Not Applicable 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 ROSSEWEY, JAMES F. 14000 US HWY 19 NORTH **CLEARWATER FL 33764** bent for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept 8. The above named entity bmits this state the obligations of regis ed agent. SIGNATURE 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. CR2E034 (10/02) Delete TITLE TITLE ROSSEWEY, JAMES F. NAME NAME 1756 LAKEVIEW RD. 14000 U.S. HWY 19 NORTH STREET ADDRESS STREET ADDRESS CLEARWATER FL 33764 CITY-ST-7IP CITY-ST-7IP CLEARWATER **VSD** TITLE Delete TITLE ☐ Addition NAME ROSSEWEY, PATRICIA A. NAME 14000 U.S. HWY 19 NORTH STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **CLEARWATER FL 33764** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

I hereby certify that the information supplied with this filips does not qualify for the exemption stated in Section 119.07(3)(i), Florida statutes, Fluring County and the conformation of 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 justee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if