2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED **DOCUMENT # K20197** Apr 26, 2000 8:00 am Secretary of State 1. Entity Name JOE'S JEWEL, INC. 04-26-2000 90184 046 ***150.00 Principal Place of Business Mailing Address 2540 11TH CIR 2540 11TH CIR NAPLES FL 33940 NAPLES FL 34103-4503 2. Principal Place of Business 3. Mailing Address E TAMIAMITA Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. APLES Applied For City & State City & State 4. FEI Number 65-0053812 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CANDITO, JOSEPH P., JR Street Address (P.O. Box Number is Not Acceptable) 2550 10TH ST N NAPLES FL 34103 Zip Code 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. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition ☐ Change TITLE ☐ Delete TITLE CANDITO, JOSEPH P JR. NAME NAME 2540 11TH CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES FL ☐ Change Addition ☐ Delete TITLE TITLE CANDITO, PATRICIA F NAME STREET ADDRESS 2540 11TH CIRCLE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES FL ☐ Change Addition □ Delete TITLE TITLE CANDITO, JULIE NAME NAME STREET ADDRESS 2540 11TH CIRCLE STREET ADDRESS CITY-ST-ZIP NAPLES FL 33940 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/F ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

941-417-8575

Date