2002 UNIFORM BUSINESS REPORT (UBR) Apr 16, 2002 8:00 am Secretary of State DOCUMENT # L01000020475 04-16-2002 90087 035 ****50.00 J & R ENTERPRISES LTD CO Principal Place of Business Mailing Address 949 56TH AVENUE 949 56TH AVENUE ST. PETERSBURG FL 33703 ST. PETERSBURG FL 33703 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 01-0574353 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DANIEL, JEAN Street Address (P.O. Box Number is Not Acceptable) 949 56TH AVENUE ST. PETERSBURG FL 33703 City Zip Code 6. 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, typed or printed name of registered agent and title if applicable **FILE NOW!!! FEE IS \$50.00** Make Check Payable to Department of State Due By May 1, 2002 MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MCRM ☐ Delete TITLE ☐ Addition ☐ Change RICHARD ZELANO NAME NAME 949-56 AVE N STREET ADDRESS STREET ADDRESS CITY-ST-ZIP STPETERSBURG FL 33703 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP · CITY-ST-ZIP ☐ Defete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

NAME

STREET ADDRESS

CITY-ST-7IP

SIGNATURE: _

STREET ADDRESS

CITY-ST-ZIP

GNATURE AND TYPED OR PRINTED NAME OF SURNIN

NING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

ZERANO 31

721-528-859 Daytime Phone #