FILED

DOCUMENT #

L04322

1. Entity Name

JCB CENTRAL PARK, INC.

Principal Place of Business

4600 EAST PARK DR

#201

PALM BEACH GARDENS FL 33410

Mailing Address

4600 EAST PARK DR

#201

PALM BEACH GARDENS FL 33410

US

Zip

2. Principal Place of Busin

3950 Suite, Apt. #, etc

3. Mailing Address

City & State

Country

4. FEI Number

6. Name and Address of Current Registered Agent

GARY, JOHN W III 701 US HWY ONE

STE 402

(See criteria on back)

NORTH PALM BEACH FL 33408

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

City

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.

□ Delete

Delete

SIGNATURE

11.

TITLE

NAME

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-7IP

CITY-ST-ZIE

Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00

12.

Make Check Payable to Department of State

OFFICERS AND DIRECTORS TITLE ☐ Delete TITLE NAME BILLS, JOHN C. NAME 3950 RCA Blud. # 50 PALM BOACHGARDONS, 71 4600 EAST PARK DR #201 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PALM BEACH GRDNS FL 33410 CITY-ST-ZIP UTLE ☐ Delete TITLE NAME GRIFFIN, JAMES E NAME 3950 RCA Blod, 45000 STREET ADDRESS 4600 EAST PARK DR #201 STREET ADDRESS CITY-ST-ZIP PALM BEACH GARDENS FL 33410 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME 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

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, withall other like provered to the corporation of the corporatio

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

ME OF SIGNING OFFICER OR DIRECTOR

4/10/02

☐ Change

☐ Change

☐ Addition

☐ Addition