2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Mar 07, 2002 8:00 am L05864 DOCUMENT # Secretary of State Entity Name 03-07-2002 90008 021 ***158 JSX. INC. Principal Place of Business Mailing Address 12750 S.W. 18TH STREET 12750 S.W. 18TH STREET MIRAMAR FL 33027 MIRAMAR FL 33027 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 65-0136316 Not Applicable Zip Country 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 STOCKHAUSEN, DAVID J Street Address (P.O. Box Number is Not Acceptable) 12750 S.W. 18TH STREET MIRAMAR FL 33027 City Zip Code 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, 2002 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 1/1. 12. TITLE ☐ Delete Change STOCKHAUSEN, DAVID J NAME NAME 12750 SW 18TH ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIRAMAR FL 33027 CITY-ST-ZIP τήτιε ☐ Delete TITLE ☐ Change ☐ Addition NAME STOCKHAUSEN, GRACE NAME STREET ADDRESS 12750 S W 18TH STREET STREET ADDRESS MIRAMAR FL 33027 CITY-ST-ZIP CITY-ST-ZIP Change __ Addition: TITLE ☐ Delete JOHN STOCKHAUSEN NAME NAME 12750 S.W. 18 Street STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIRAMAR, FL 33027 TITLE ☐ Change □ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ΤίΤΙΕ ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TÝLE ☐ Delete TITLE ☐ Change Addition NÂME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

FILED

Daytime Phone #