2000 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 25, 2000 8:00 am Secretary of State **DOCUMENT # L17411** J JB EARTH MOVERS INC. 01-25-2000 90095 011 ***158.75 Mailing Address Principal Place of Business 9495 EVERGREEN PLACE #107 9495 EVERGREEN PLACE #107 FT LAUDERDALE FL 33324-4324 FT LAUDERDALE FL 33324 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0170628 Not Applie Country Zip 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 BURANDT, SANDRA J. Street Address (P.O. Box Number is Not Acceptable) 9494 EVERGREEN PL., #107 FT. LAUDERDALE FL 33324 City Zip Code FŁ 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. DATE (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 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 12. 11. ☐ Change ☐ Addition TITLE ☐ Defete BURANDT, SANDRA J. NAME STREET ADDRESS STREET ADDRESS 9495 EVERGREEN PL #107 CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE BURANDT, SANDRA J. NAME NAME STREET ADDRESS 9495 EVERGREEN PL #107 STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP FT LAUDERDALE FL ☐ Change ☐ Addition TITLE ☐ Delete TITLE BURANDT, SANDRA J. NAME NAME STREET ADDRESS STREET ADDRESS 9495 EVERGREEN PL #107 CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change | ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS r archiel again CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS 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.

