2002 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 27, 2002 8:00 am L31141 DOCUMENT # Secretary of State 1. Entity Name 01-27-2002 90019 035 ***150.00 J & B HOBBY, INC. Mailing Address Principal Place of Business SABBAGH, JERRY R. 11909 E COLONIAL DR ORLANDO FL 32826 764 PARK MANOR DRIVE ORLANDO FL 32825 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-2980543 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired \Box Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SABBAGH, JERRY R Street Address (P.O. Box Number is Not Acceptable) 764 PARK MANOR DR ORLANDO FL 32825 Zip Code 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 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Delete TITLE NAME NAME sabbagh, Jerry R. STREET ADDRESS STREET ADDRESS 764 PARK MANOR DR. CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL ☐ Addition TITLE ☐ Delete TITLE NAME NAME SABBAGH, ANNA MARIE STREET ADDRESS STREET ADDRESS 764 PARK MANOR DR. CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL - 🖃 Change ---- 🗔 Addition Delete _TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE TITLE ☐ Delete NAME NAME

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,

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS CITY-ST-7IP

CR2E034 (9/01)