## **2001 UNIFORM BUSINESS REPORT (UBR)** FILED Jan 29, 2001 8:00 am Secretary of State **DOCUMENT # L52568** J.B.L. ASSOCIATES INC. 01-29-2001 90130 007 \*\*\*158.75 Principal Place of Business Mailing Address 3530 FIRESTONE BLVD. 3530 FIRESTONE BLVD. PENSACOLA FL 32503 PENSACOLA FL 32503 2. Principal Place of Business 3. Mailing Address 4771 Bayou Blvd. 4771 Bayou Blvd. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE C-325 C-325 City & State City & State 4. FEI Number Applied For 59-2995625 Pensacola, FI Pensacola, Not Applicable Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FRAZIER, LYALL L., JR. Street Address (P.O. Box Number is Not Acceptable) 3530 FIRESTONE BLVD. PENSACOLA FL 32503 Zip Code 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. OTE: 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 Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete TITLE V.P. Addition ☐ Change NAME FRAZIER, LYALL L., JR. NAME Joy Frazier STREET ADDRESS 3530 FIRESTONE BLVD. STREET ADDRESS 3530 Firestone Blvd. CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL 32503 Pensacola, FL 32503 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ 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-7IP 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.

SIGNATURE: ALLE STORMS OF SIGNATURE OF SIGNA

1/15/01 850-4331662