2000 UNIFORM BUSINESS REPORT (UBR)

FILED CERTIFIED MIL **DOCUMENT # L62298** May 18, 2000 8:00 am # 7099 3400 0004 3788 0312 Secretary of State THE BENJAMIN JAY, CORPORATION 05-18-2000 90318 029 ***150.00 Principal Place of Business Mailing Address C/O V MARY THOMAS PO BOX 218 2284 S OCEANSHORE BLVD FLAGLER BEACH FL 32136-0218 FLGLER BEACH FL 32136-4021 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 59-3086667 Not Applicable \$8.75 Additional Zip Country Country Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent L, LOREN CTHOMAS, V-M-Street Address (P.O. Box Number is Not Acceptable) 2284 S OCENNSTORE BLVD. 2284 S. OCEANSHORE BLVD. FLGLER BEACH FL 32136 Zip Code 2136 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 (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, 2000 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 11. 🖆 Change ☐ Addition DSP TITLE TITLE PLIEASE CH P. L. PAPKER, JR. PARKER, V. THOMAS NAME NAME 2254 S. OCEANSHORE BUAD 2284 S. OCEANSHORE BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FLGLER BEACH FL CITY-ST-ZIP PLACER BEACH FL 32136 ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-78 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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-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 of 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 v an adaless, with all other like empowered.

O OFFICER OR DIRECTOR