FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Feb 06, 2002 8:00 am Secretary of State DOCUMENT # L80491 JACKSONVILLE STAGE SERVICES, INC. 02-06-2002 90027 037 ***158.75 Principal Place of Business Mailing Address 3610 RIVER HALL DRIVE P.O. BX 8005 JACKSONVILLE FL 32217 JAX FL 32239 100,00 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 59-2997527 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 ---Name LUCIO, SAUL Street Address (P.O. Box Number is Not Acceptable) 2157 BRIGHTON BAY TRAIL JACKSONVILLE FL 32246 City 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (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, 2002 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 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE □ Detete TITLE ☐ Change ☐ Addition KLEMMT, ROSEMARY G NAME NAME 3610 RIVER HALL DRIVE STREET ADDRESS STREET ADDRESS JAX FL CITY-ST-7IP CITY-ST-ZIP DP ☐ Delete TITLE ☐ Change ☐ Addition LUCIO, SAUL NAME 2157 BRIGHTON BAY TRAIL STREET ADDRESS STREET ADDRESS JACKSONVILLE FL CITY-ST-ZIP --CITY ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition 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 or trustee empowered to execute this report as required by Chapter 907, Florida Statutes; and that my name appears in Block 11 or Block 12 if

ROSEMATY G. Klemmt 20/02 (90 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DIRECT

changed, or on an attachment with an address, with all other like empowered

SIGNATURE: