## FILED 2000 UNIFORM BUSINESS REPORT (UBR) Mar 28, 2000 8:00 am Secretary of State **DOCUMENT # M23464** 1. Entity Name JACRO, INC. 03-28-2000 90052 047 \*\*\*150.00 Mailing Address Principal Place of Business 7811 LAWRENCE RD. P.O. BOX 16365 WEST PALM BEACH FL 33416-6365 C0046654 LANTANA FL 33462 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 59-2620344 Not Applicable Boynton 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 CROMARTIE, BETTY LOU Street Address (P.O. Box Number is Not Acceptable) 7811 LAWRENCE RD. LANTANA FL 33462 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) Signature, typed or printed name of registered agent and title if applicable. 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) -540-10-Department of State THE U.S. POSTAL SERVICE NGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECT SWITCHED OUR AREA'S 11. M.Change . □ Addition ソ チン Pon LY MAIL DELIVERY FROM THE TITLE CROMARTIE, BETTY LOU NAME LANTANA POST OFFICE TO THE 7811 LAWRENCE RD STREET ADDRESS BOYNTON BEACH POST OFFICE BEACH FL CITY-ST-7IP LANTANA FL VD ON 5-1-99 TITLE CROMARTIE, KENNETH SCOTT NAME ER CREEK DRIVE This is THE REASON FOR ALL STREET ADDRESS 7789 LAWRENCE RD. EY FL 33001 CITY-ST-ZIP THE "City + Zip CODE ONLY" LANTANA FL . Change 🔝 Addition TITLE CHANGES. CITY 4 ZIP ONLY CROMARTIE, STEVEN C. STREET ADDRESS 7839 LAWRENCE RD BEACH FL 33436 CITY-ST-ZIP LANTANA FL Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change □ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE TITLE □ Delete 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 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: SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-20-00

#561-965-0547

Daytime Phone #