FILED 2001 UNIFORM BUSINESS REPORT (UBR) Mar 28, 2001 8:00 am **DOCUMENT # M69495 Secretary of State** 1. Entity Name J.R. ROBINSON, INC. 03-28-2001 90194 017 ***150.00 Principal Place of Business Mailing Address 65 E. NASA BLVD 65 E. NASA BLVD. #101 MELBOURNE FL 32901 MELBOURNE FL 32901 3. Mailing Address 2. Principal Place of Business 3210 N.Wi 3210 N.Wickhan Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 59-2873492 Melbourne Not Applicable Gountry Brevard \$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 ROBINSON, JACKY R. 65 E MASA BLVD, #10+ 3210 N. Wickham Rd #5 Melbourne Fl 32935 ponene 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 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Delete TITLE TITLE aobinson. Jacky R. 3210 N. Wickham Rd. , * 5 ROBINSON, JACKY R. NAME NAME STREET ADDRESS STREET ADDRESS 65 E NASA BLVD., #101 CITY-ST-ZIP CITY-ST-ZIP Melbourne Fl 32935 MELBOURNE FL 32901 TITLE ☐ Delete TITLE Robinson, JOANA NAME ROBINSON, JOANN C. NAME 3210 N. Wickham STREET ADDRESS STREET ADDRESS 65 E. NASA BLVD., #101 CITY-ST-ZIP Melbourne F CITY-ST-ZIE MELBOURNE FL ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition

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.

NAME

TITLE

NAME

☐ Delete

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

NAME STREET ADDRESS

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: John CRossinion Joann C Robinson 3-25-01 407808-9808

CR2E034 (10/0

☐ Change

Addition