2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

May 14, 2001 8:00 am Secretary of State **DOCUMENT # M84981** JENNA-JEFF, INC. 05-14-2001 90013 006 ***150.00 Principal Place of Business Mailing Address 7901 W. BROWARD BOULEVARD 7901 W. BROWARD BOULEVARD PLANTATION FL 33324 PLANTATION FL 33324 101000 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State City & State 65-0056518 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name TATUM, THOMAS R Street Address (P.O. Box Number is Not Acceptable) 200 E LAS OLAS BLVD #1800 FORT LAUDERDALE FL 33301 200 E. Las Olas Boulevard, Suite 1900 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, typed or printed name of registered agent and title if applicable. DATE (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, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. ☐ Addition ☐ Change TITLE ☐ Delete TITLE RUDOLPH, JOHN R NAME NAME STREET ADDRESS 7901 W BROWARD BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL ☐ Change ☐ Addition TITLE ☐ Delete RUDOLPH, SHARON M NAME STREET ADDRESS STREET ADDRESS 7901 W BROWARD BLVD CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 addiass, with a corporation of the receiver of the corporation of the corporation of the receiver of the corporation of the corp

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Rudolph, President

04/25/01

Daytime Phone