2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attach

SIGNATURE:

nent with an address, with all other like empowered.

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 20, 2001 8:00 am Secretary of State **DOCUMENT # M91143** JENNER INVESTMENTS, INC. 04-20-2001 90196 046 ***150.00 Mailing Address Principal Place of Business 1408 SW 9TH STREET 1408 SW 9TH STREET FT LAUDERDALE FL 33312 FT LAUDERDALE FL 33312 US 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 NOT APPLICABLE 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 FISHER, EDWARD Street Address (P.O. Box Number is Not Acceptable) 1408 SW 9TH STREET FT LAUDERDALE FL 33312 City Zip Code FI 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 DATE Signature, typed or printed name of registered agent and title if applicable. (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 (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (10/00) ☐ Delete TITLE NAME JENNER, JOHN NAME STREET ADDRESS STREET ADDRESS 1408 SW 9TH STREET CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33312 TITLE Change ☐ Addition ☐ Delete TITLE JENNER, RITA NAME NAME STREET ADDRESS STREET ADDRESS 1408 SW 9TH STREET CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33312 Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ___ Addition Change ☐ Delete 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 ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7JP 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 trust empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

FILED