## 2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## May 01, 2003 8:00 am Secretary of State DOCUMENT # N0000003006 1. Entity Name 05-01-2003 90327 016 \*\*\*\*61.25 JON DON, INC. Principal Place of Business Mailing Address 999 W. PROSPECT RD. 999 W. PROSPECT RD. OAKLAND PARK FL 33309 OAKLAND PARK FL 33309 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State Applied For 4. FEI Number 65-1060656 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 FERGUSON, JOHN W Street Address (P.O. Box Number is Not Acceptable) 999 W. PROSPECT RD. OAKLAND PARK FL 33309 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. I am familiar with, and accept the obligations of registered agent. SIGNATUŘE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Florida Department of State Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. Delete TITLE ☐ Change Addition TITLE FERGUSON, JOHN W NAME NAME 999 W. PROSPECT RD. STREET ADDRESS STREET ADDRESS CITY-ST. ZIP OAKLAND PARK FL:33309 CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE. TITLE ingram, donald NAME NAME 7118 NW 78TH AVE. STREET ADDRESS STREET ADDRESS TAMARAC FL 33321 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE STURGIS, ROBERT NAME NAME PO BOX 7238 STREET ADDRESS STREET ADDRESS FT LAUDERDALE FL 33338 CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition EVANS, KAY NAME NAME STREET ADDRESS 1391 NE 18TH ST STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33305 CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: