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2002 UNIFORM BUSINESS REPORT (UBR)

Jul 17, 2002 8:00 am DOCUMENT # N93000001971 Secrétary of State 1. Entity Name 07-17-2002 90126 028 ****61.25 J.U.T.E., INC. Principal Place of Business Mailing Address 4686 SUSSEX TERRACE P.O. BOX 680513 ORLANDO FL 32811 ORLANDO FL 32868-0513 2. Principal Place of Business RISSON DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3180461 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name **.**: Johnson Street Address (P.O. Box Number is Not Acceptable) DOPSON, JUDY 2290 OSH KOSH COURT Sussex Legrace ORLANDO FL 32818 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. **SIGNATURE** Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE After September 13, 2002, 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. min. will be \$236.25. Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE ☐ Addition DUNCAN, SAMUEL NAME NAME Jo hason STREET ADDRESS **4686 SUSSEX TERRACE** STREET ADDRESS 686 Sussex CITY-ST-ZIP ORLANDO FL 32811 CITY-ST-ZIP TITLE ED ☐ Delete TITE Change ☐ Addition NAME DUNCAN, TESSA NAME STREET ADDRESS **4686 SUSSEX TERRACE** STREET ADDRESS CITY-ST-7IP ORLANDO FL 32811 CITY-ST-ZIP TITLE -DV ☐ Delete TITLE ☐ Change □ Addition NAME JOHNSON, KIRK NAME Duncan STREET ADDRESS 4686 SUSSEX TERRACE STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32811 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CJTY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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

SIGNATURE:

changed, or on an attachment with an address, with all other like empowered.

(407) 302.8531