FILED 2001 UNIFORM BUSINESS REPORT (UBR) Jan 08, 2001 8:00 am Secretary of State DOCUMENT # N9700001920 1. Entity Name 01-08-2001 90030 038 ****70.00 J. HANS ENTERPRISES CORP. Mailing Address 8830 S.W. 200TH CIRCLE 8830 S.W. 200TH CIRCLE **DUNNELLON FL 34431 DUNNELLON FL 34431** 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 59-3443690 Not Applicable Zin 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 Street Address (P.O. Box Number is Not Acceptable) HANS, JOSEPH F 8830 S.W. 200TH CIRCLE **DUNNELLON FL 34431** City Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) Stanature, typed or printed name of registered agent and title if applicable. 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5,00 May Be П Trust Fund Contribution. Department of State Added to Fees FEE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 **=** ----10. 11. ☐ Change CR2E037 (10/00 TITLE ☐ Delete TITI F ☐ Addition HANS, JOSEPH J NAME NAME 16.38.1 STREET ADDRESS STREET ADDRESS 8830 S.W. 200TH CIRCLE **DUNNELLON FL 34431** CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition D TITLE ☐ Delete TITLE HANS, JOANNE H NAME NAME STREET ADDRESS 8830 S.W. 200TH CIRCLE STREET ADDRESS CITY-ST-ZIP **DUNNELLON FL 34431** CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE HANS, JOSEPH F NAME NAME 8830 SW 200TH CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **DUNNELLON FL 34431** CiTY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME

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

STREET ADDRESS

CITY-ST-71P