SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## 2001 UNIFORM BUSINESS REPORT (UBR) FILED Feb 27, 2001 8:00 am Secretary of State DOQUMENT # P0000023425 4: Entity Name J&M MANAGEMENT, INC. 02-27-2001 90332 010 \*\*\*150.00 Principal Place of Business Mailing Address 17133 ALEXANDER RUN 17133 ALEXANDER RUN JUPITER FL 33478 JUPITER FL 33478 923041 3. Mailing Address 2. Principal Place of Business Ron. INI33 ALEXANDGR SAME DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State Not Applicable SAME Country \$8.75 Additional 5. Certificate of Status Desired CAME. ALM Beach Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MARY ANN KEBECK KEBECK, JOHN W P.O. Box Number is Not Acceptable 17133 ALEXANDER RUN JUPITER FL 33478 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 Signature, typed or printed of 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. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. VILE PRESIDENT ☐ Change ☐ Delete TITLE TITLE MARYANUN KEBECIC KEBECK, JOHN NAME NAME 17/33 ALEXANDER RUN 17133 ALEXANDER RUN STREET ADDRESS STREET ADDRESS Jupiter FL 33478 - 1 CITY-ST-ZIP CITY-ST-ZIP JUPITER FL 33478 Addition TREASURER Change ☐ Delete TITLE TITLE MARYANN KEBECIC 17133 ALEXANDER RUN NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP" upiter FL 33478 CITY-ST-7IP PRESIDENT Change Addition Delete TITLE NAME Ohn WKEBECK NAME ALEXANDER RUM STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 address, with all other like empowered.

esident !