FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2004 8:00 am
Secretary of State
04-30-2004 90292 022 ***150.00

DOCUMENT # P00000033579

1. Entity Name
Jessica Holding Co. Inc.

DO NOT WRITE IN THIS SPACE

94077251

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
900 Ironwood Dr. #917	PO Box 3242
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ponte Vedra Blvd FL	City & State: Ponte Vedra Blvd FL
Zip: 32082 Country: U.S.A.	Zip: 32004 Country: U.S.A.

4. FEI Number ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: John Latsham

Street Address (P.O. Box Number is Not Acceptable): 3010 S. Third St.

City: Jacksonville Beach FL Zip Code: 32250

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: President John Constantino DATE: 4/20/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee Is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	President	TITLE	
NAME	John Constantino	NAME	
STREET ADDRESS	PO Box 3242	STREET ADDRESS	
CITY-ST-ZIP	PVB FL 32004	CITY-ST-ZIP	
TITLE	Director	TITLE	
NAME	Pete J. Constantino	NAME	
STREET ADDRESS	Same	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	Director	TITLE	
NAME	Anna Constantino	NAME	
STREET ADDRESS	Same	STREET ADDRESS	**DO NOT WRITE**
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	Director	TITLE	
NAME	Peter Constantino	NAME	**IN THIS SPACE**
STREET ADDRESS	Same	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	Director	TITLE	
NAME	James Constantino	NAME	
STREET ADDRESS	Same	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034B (12/02)

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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: John Constantino President 4/20/04 904-553-0123
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #