2001 UNIFORM BUSINESS REPORT (UBR)

Apr 28, 2001 8:00 am Secretary of State DOCUMENT # P0000033993 GRAND ILLUSIONS OF JUPITER, INC. 04-28-2001 90050 006 ***150.00 Principal Place of Business Mailing Address 18313 JUPITER LANDINGS DR. 18313 JUPITER LANDINGS DR. JUPITER FL 33458 JUPITER FL 33458 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For Not Applicable Zip Zip Country 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 CERNY, MARY S Street Address (P.O. Box Number is Not Acceptable) 18313 JUPITER LANDINGS DR. JUPITER FL 33458 Zip Code City 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. President /Treasurer Change ☐ Addition TITLE TITLE mary S. Cerny NAME 18313' Jupiter Landings Dr. STREET ADDRESS STREET ADDRESS Jupiter FL 33458 CITY-ST-ZIP CITY-ST-ZIP Vice President TITLE Change ☐ Addition TITLE NAME NAME Brenda J. Oliver STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Addition Delete TITI F TITLE NAME NAME Gretchen STREET ADDRESS 18313 Jupiter Landing Dri STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 3345 ☐ Addition TITLE ☐ Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Day Signature with an address, with the empowered.

SIGNATURE: Day Signature with typed of Printed Name of Signing Officer or Director Date Date Dayling Phone if