'2001 UNIFORM BUSINESS REPORT (UBR) May 02, 2001 8:00 am Secretary of State **DOCUMENT # P00000050551** JUSTICE JAN ENTERPRISES, INC. 05-02-2001 90118 039 ***150.00 Mailing Address Principal Place of Business 6943 COHASSET CIR 6943 COHASSET CIR RIVERVIEW FL 33569 RIVERVIEW FL 33569 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 3649858 Not Applicable Country \$8.75 Additional Zip Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CONNETT, STEPHEN G Street Address (P.O. Box Number is Not Acceptable) 111 E MASON ST **BRANDON FL 33511** Zip Code City 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. DATE 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 After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. CR2E034 (10/00) P, T, D☐ Addition TITI F Delete TITLE NAME NAME TINDER, JAN M STREET ADDRESS STREET ADDRESS 6943 COHASSET CIR CITY-ST-ZIP CITY-ST-ZIP RIVERVIEW FL 33569 Change Change ☐ Addition ☐ Delete TITLE TINDER, COURTNEY M NAME NAME STREET ADDRESS STREET ADDRESS 6943 COHASSET CIR CITY-ST-ZIP CITY-ST-ZIP RIVERVIEW FL 33569 **X** Change ☐ Addition ☐ Delete TITLE TITLE NAME TINDER, CHELSEY N NAME STREET ADDRESS STREET ADDRESS 6943 COHASSET CIR CITY-ST-ZIP CITY-ST-ZIP **RIVERVIEW FL 33569** Addition ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete NAME NAME

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

13-672-8848 Date Date Phone #