04/29/02 15:30 FAX 941 748 7605 C S & L, CPA'S

**FILED**
**Jul 02, 2002 8:00 am**
**Secretary of State**
05-27-2002 90445 027 ***150.00

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000050770

1. Entity Name
JIPSEA INC.

DO NOT WRITE IN THIS SPACE

37229

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 4964 Bridgehampton Blvd. | 4964 Bridgehampton Blvd. |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Sarasota, Florida | City & State: Sarasota, Florida |
| Zip: 34238 Country: US | Zip: 34238 Country: US |

4. FEI Number: 65-1010243 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: Patricia Lou Gutshall

Street Address (P.O. Box Number is Not Acceptable): 4964 Bridgehampton Blvd

City: Sarasota FL Zip: 34238

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 _____ DATE

(Signature required when reinstating) (Name of Registered Agent Signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) X

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

11. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | President |
| NAME | Patricia Lou Gutshall |
| STREET ADDRESS | 4964 Bridgehampton Blvd. |
| CITY-ST-ZIP | ~~Sarasota, FL 34238~~ |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
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| CITY-ST-ZIP | |

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CR2E053A (12/01)

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 an attachment with an address, with all other like empowered.

SIGNATURE: X _____ President 04-29-02

SIGNATURE AND PRINT OR TYPE NAME OF INDIVIDUAL OFFICER OR DIRECTOR — TITLE — DATE