May 18, 2001 8:00 am 2001 UNIFORM BUSINESS REPORT (UBR) Secretary of State DOCUMENT # P000000 70951 1. Entity Name 05-18-2001 91589 011 ***150.00 J+J+Jones Enterprise, Inc. 401 SE 154 St Principal Place of Busines Mailing Address 401 SE 15th St. Immokake, F1. A0070490 Immokalee, Fl. 34142 34142 2. Principal Place of Business 401 SE 1545. 3. Mailing Address 401 SE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3656157 Immokalee Immokake Not Applicable \$8.75 Additional 5. Certificate of Status Desired UŠ , 34142 Fee Regulred 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Jones, Eugene 401 SE 15th St. Street Address (P.O. Box Number is Not Acceptable) Immokake, Fl. City Zip Code 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) DATE FILE NOW!!! PEE IS \$150.00-9. This corporation is eligible to satisfy its Intangible 18. 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 Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PRZE034 (11/00) σD ☐ Change ☐ Addition TITI S ☐ Delete MILE NAME NAME Johnny M. McCray STREET ADDRESS Paleign of 44436 Orlando Fl. 32811 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE . ☐ Delete me ☐ Change ☐ Addition Jones, Eugerie STREET ADDRESS STREET ADDRESS P.O. 80% 09 H 8T. CITY-ST-ZIP CITY-ST-ZP Immokake TITLE ☐ Delete ☐ Change ☐ AddItion Jones, OJahnay NAME NAME 401 SE 154 87, STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Immokatee F1 34142 TITLE ☐ Delete ☐ Change ■ Addition Jones, Eugene Jr. NAME NAME 401 SE 1546 St. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Immokalee, Fl. 34142 CITY-ST-ZIP Change ☐ Addition TITLE TITLE ☐ Delete MALKE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete NALCE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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. D TYPED OR PRINTED AME OF SIGNING OFFICER OR DIRECTOR SIGNATURE: Dayona Phone I