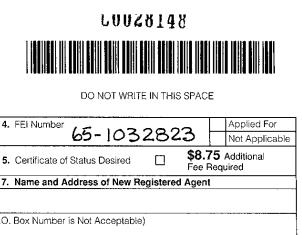
## 2001 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # P0000082196 Mar 01, 2001 8:00 am 1. Entity Name Secretary of State JOE BEE CORP.

03-01-2001 91319 004 \*\*\*150.00



14121 BRANT POINT CIRCLE #116 FT MYERS FL 33919

Mailing Address

FT MYERS FL 33919

3. Mailing Address

City & State

Suite, Apt. #, etc.

14121 BRANT POINT CIRCLE #116

Street Address (P.O. Box Number is Not Acceptable) City Zip Code FI

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.

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

Country

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable.

Principal Place of Business

FT MYERS FL 33919

14121 BRANT POINT CIRCLE #116

2. Principal Place of Business

BUTLER, JOSEPH W

Suite, Apt. #, etc.

City & State

Zip

SIGNATURE

FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State

(NOTE: Registered Agent signature required when reinstating)

Country

10. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. CR2E034 (10/00) ☐ Delete ■ Addition BUTLER, JOSEPH W 14121 BRANT POINT CIRCLE #116 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT MYERS FL 33919 CITY-ST-ZIP Addition TITLE ☐ Delete TITLE Change BUTLER, CARRENE H NAME NAME 14121 BRANT POINT CIRCLE #116 STREET ADDRESS STREET ADDRESS CITY-ST-7IP FT MYERS FL 33919 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition BUTLER, DEVONNE M NAME NAME 14121 BRANT POINT CIRCLE #116 STREET ADDRESS STREET ADDRESS FT MYERS FL 33919 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition COOK, MOLLY L 14121 BRANT POINT CIRCLE #116 STREET ADDRESS STREET ADDRESS FT MYERS FL 33919 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. Thereby 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:

Daytime Phone 4