## 2002 UNIFORM BUSIF' SS REPORT (UBR)

## Apr 07, 2002 8:00 am Secretary of State P00000085443 DOCUMENT # 1. Entity Name JPR INDUSTRIES, INC. 04-07-2002 90068 014 \*\*\*150.00 Principal Place of Business Mailing Address 2408 43RD AVE W. 2408 43RD AVE W. BUUDIOUI BRADENTON FL 34205 BRADENTON FL 34205 2. Principal Place of Business 3. Mailing Address Suite Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-1031289 Not Applicable Zio 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 RICHTSCHEIDT, JOHN P Street Address (P.O. Box Number is Not Acceptable) 2521 45TH CT. WEST **BRADENTON FL 34209** Zip Code 8. The above jamed 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 redistered agent and title it applicable (NOTE: Recistered Agent signalure 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, 2002 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 1.1 OFFICERS AND DIRECTORS 11. CR2E034 (9/01) ☐ Change Addition TITLE Delete TITLE RICHTSCHEIDT, JOHN P NAME NAME STREET ADDRESS 2521 45TH CRT W. STREET ADDRESS **BRADENTON FL 34209** CITY-ST-ZIP CITY - ST - 792 DVP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME Caputo, John J NAME STREET ADDRESS 707 48TH ST CRT W. STREET ADDRESS CHY-ST-ZIP PALMETTO FL 34221 CITY-ST-7IP Addition 7171.5 ☐ Delete Change NAME -NAME: STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-DIE CITY-ST-ZIP Delete TITLE Addition NAME STREET ADDRESS STREET ADDRESS DITY - ST - ZIP CITY-ST-ZIP □ Change Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP

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 inducated 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 appears 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 adoress

AND TYPED OR PRINTED N

OF SIGNING OF

SIGNATURE: