2002 UNIFORM BUSINESS REPORT (UBR)

Sep 10, 2002 8:00 am Secretary of State DOCUMENT # P00000091115 1. Entity Name 09-10-2002 90237 047 ***558.75 J.J. EVANS ENTERPRISES, INC. Principal Place of Business Mailing Address 40004 2711 CRANBROOK DRIVE 2711 CRANBROOK DRIVE **BOYNTON BEACH FL 33436 BOYNTON BEACH FL 33436** 2. Principal Place of Business 3. Mailing Address Súite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-1051032 Not Applicable Zip Country Zip 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 Name FRAZER, JAMES E Street Address (P.O. Box Number is Not Acceptable) 2711 CRANBROOK DRIVE **BOYNTON BEACH FL 33436** 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. I am familiar with, and accept the obligations of registered agent. ture, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 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 September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE TITLE BARIS, PATRICA A (X) Change ☐ Addition Delete PARIS. PATRICIA A 2711 CRANBLOOK DR NAME NAME 7103 DRYDEN CT. STREET ADDRESS STREET ADDRESS BOYNTON BEACH FL 33436 ADLESS **BOYNTON BEACH FL 33426** CITY-ST-ZIP CITY-ST-ZIP C 4 HIGE ☐ Delete TITLE TITI F Change ☐ Addition FRAZER, JAMES E NAME NAME STREET ADDRESS 2711 CRANBROOK DR. STREET ADDRESS CITY-ST-ZIP **BOYNTON BEACH FL 33436** CITY-ST-7IP Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Delete TITLE Change | Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITI F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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.

FILED