FILED

2002 Uniform Business Report (UBR)

changed, or on an attachr

SIGNATURE:

nt with an address, with all other like empowered.

Apr 02, 2002 8:00 am Secretary of State P00000098897 DOCUMENT # 1. Entity Name 04-02-2002 90105 032 ***150.00 J.E.L SITE DEVELOPMENT, INC. Principal Place of Business Mailing Address 3211 PALMER ST. 3211 PALMER ST. ORLANDO FL 32803 ORLANDO FL 32803 2. Principal Place of Business 2428 E. Robinson 3. Mailing Address 2428 E. Robinson Street St. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City_t& State 4. FEI Number 59-3677255 lano Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent 1)ustin LUCAS, DUSTIN 3211 PALMER ST. ORLANDO FL 32803 ned entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE me of registered agent and title if applicable (NOTE: Registered Agent signature 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 After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) П Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. President (9/01) **PSTD** ☐ Addition TITLE Delete TITLE DUSTIN, Was LUCAS, DUSTIN NAME NAME 2428 E. Robinson Street 3211 PALMER ST. STREET ADDRESS STREET ADDRESS Orlando, FL 32803 CITY-ST-ZIP ORLANDO FL 32803 CITY-ST-ZIP □ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ~ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME 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