## 2002 UNIFORM BUSINESS REPORT (UBR)

## Mar 11, 2002 8:00 am Secretary of State P00000100012 DOCUMENT # 1. Entity Name 03-11-2002 90054 009 \*\*\*150.00 J P IMPORT & EXPORT INC. Mailing Address Principal Place of Business 730 B SOUTH BARRACKS ST 730 B SOUTH BARRACKS ST PENSACOLA FL 32501 PENSACOLA FL 32501 3. Mailing Address Principal Place of Business 3 WEST GARDEN 3 WEST GARDEN STREET STREET Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 350 350 Applied For City & State 4. FEI Number City & State 59-3678579 Not Applicable PENSACOL FLORIDA PENSA COLA FLORIDA Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 3250 i US 3250 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BOEHMER, JOHN G Street Address (P.O. Box Number is Not Acceptable) 7085 WEATHERWOOD DR PENSACOLA FL 32506 Zip Code City FL 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. JOHN BOEHMER (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 Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. <u>s</u> 12 ☐ Addition ☐ Delete ☐ Change TITLE TITLE NAME BOEHMER, JOHN G NAME -STREET ADDRESS 7085 WEATHERWOOD DR STREET-ADDRESS CITY-ST-ZIP PENSACOLA FL 32506 CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE REJKUMAR, PETER NAME NAME RAJKUMAR, PETER 4301 CREIGHTON ROAD UNIT #132 STREET ADDRESS 224 E GARDEN ST. UNIT #405 STREET ADDRESS CITY-ST-7IE CITY-ST-ZIP PENSACOLA FL 32501 PENSACOLA FLORIDA 32504 ☐ Addition \_ Delete : TITLE -TITLE-NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition □ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition □ Delete TITLE 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.

FILED

BOEHMER