2001 UNIFORM BUSINESS REPORT (UBR)

Mar 06, 2001 8:00 am DOCUMENT # P00000100122 **Secretary of State** 1. Entity Name SJS PHOENIX, INC. 03-06-2001 90297 014 ***150.00 Principal Place of Business Mailing Address 196-4TH AVENUE NORTH 196-4TH AVENUE NORTH TIERRA VERDE FL 33715 TIERRA VERDE FL 33715 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 59-3680037 Not Applicable Zip 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 ARSENAULT, KENNETH G JR Street Address (P.O. Box Number is Not Acceptable) 10225 ULMERTON ROAD SUITE 2 LARGO FL 33771 Zip Code 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CEO/Secretary. James J. Tomeo ☐ Delete TITLE Addition TITLE SPRAGÜE, SUSAN NAME NAME 196, 4th-Avenue. N. STREET ADDRESS 196-4TH AVENUE NORTH STREET ADDRESS Tierra Verde, 33715 The more than the way CITY-ST-ZIP TIERRA VERDE FL 33715 CITY-ST-ZIP TITLE Delete President/Treasurer NAME NAME Susan Sprague STREET ADDRESS STREET ADDRESS: 196 4th Avenue N. CITY-ST-ZIP CITY-ST-ZIP Tierra Verde, FL 33715 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME

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 attac with an address, with all other like empowered.

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP TITLE

NAME

TYPED OR PRINTED NAME OFFICER OR DIRECTOR

☐ Delete

☐ Change

☐ Addition