2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment

SIGNATURE:

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with all other like empowered

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ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar 05, 2001 8:00 am DOCUMENT # P00000114090 **Secretary of State** CJC LITTLE ROCK, INC. 03-05-2001 90278 037 ***150.00 Principal Place of Business Mailing Address 2626 W. WATROUS AVENUE 2626 W. WATROUS AVENUE TAMPA FL 33629 TAMPA FL 33629 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 3687224 Not Applicable Zip Country Zip Country \$8.75 Additional Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GOLD, AARON J Street Address (P.O. Box Number is Not Acceptable) 704 W. BAY STREET TAMPA FL 33606 City Zip Code FI 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CR2E034 (10/00) Addition TITLE ☐ Delete NAME CAMBAS, CHRISTOPHER J NAME STREET ADDRESS STREET ADDRESS 2626 W. WATROUS AVENUE CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33629 TITLE Delete TITLE Change Addition 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 ☐ Delete TITLE Change ☐ Addition TITLE 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-7IP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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

FILED

727-572-1469

Daytime Phone #

2.2601

Date