2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

May 29, 2002 8:00 am Secretary of State DOCUMENT # P01000025984 04-18-2002 90452 009 ***150 00 1. Entity Name CJ'S CUSTOMS, INC. Principal Place of Business Mailing Address 12821 ROPER ROAD 12821 ROPER ROAD WINTER GARDEN FL 34787 WINTER GARDEN FL 34787 2 Principal Place of Business 930 Carter 3. Mailing Address 930 (Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE 216 City & State City & State Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired Orange 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BATES, CARL P SR Street Address (P.O. Box Number is Not Acceptable) 12821 ROPER ROAD WINTER GARDEN FL 34787 City 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 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, 2002 Fee will be \$550.00 (See criteria on back) Trust Fund Contribution. Added to Fees Make Check Payable to Department of State -11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete ----(9/01) TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 3478 liarden. A. CITY-ST-ZIP TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY FOT FEIT CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Oelete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CJTY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change □ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITI F ☐ Delete TITE F ☐ 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 changed, or on an attachment with an address, with all other like empowered.

FILED