04/30/2002 10:04 954-753-1562 MARSHALL WEXLI

FILED
May 22, 2002 8:00 am
Secretary of State
05-22-2002 90237 029 ***150.00

2002 **FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000049814

1. Entity Name
JPI HOLDINGS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
149 EDGEWOOD DRIVE	149 EDGEWOOD DRIVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: WEST PALM BEACH, FL	City & State: WEST PALM BEACH, FL
Zip: 33405 Country	Zip: 33405 Country

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-1140403 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ -$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: JOHN PRESS

Street Address (P.O. Box Number is Not Acceptable): 149 EDGEWOOD DRIVE

City: WEST PALM BEACH FL Zip Code: 33405

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 _____ DATE
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 Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1st Fee is $150.00
After May 1 Fee is $550.00
Amended filings $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P
NAME	JOHN PRESS
STREET ADDRESS	149 EDGEWOOD DRIVE
CITY-ST-ZIP	WEST PALM BEACH, FL 33405
TITLE	
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STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E014B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 4-3002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Signing Director