2003 FOR PROFIT CORPORATION

FILED Mar 10, 2003 8:00 am Secretary of State UNIFORM BUSINESS REPORT (UBR) P01000065750 **DOCUMENT #** 1. Entity Name 03-10-2003 90741 014 ***150.00 J. BRENNAN, INC. Principal Place of Business Mailing Address 12001 POPASH GLEN 12001 POPASH GLEN **BRADENTON FL 34202 BRADENTON FL 34202** 2. Principal Place of Business 3. Mailing Address 4193 S. Tamian 4500 Winners Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For Venice 65-1116311 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BRENNAN, JOSEPH P rennan Street Address (P.O. Box Number is Not Acceptable 12001 POPASH GLEN WINNERS **BRADENTON FL 34202** Sarasota 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. I am familiar with, and accept the obligations of registered agent SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Make Check Payable to Florida Department of State Added to Fees 10.-OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE □ Delete TITLE ☐ Change CR2E034 (10/02) ☐ Addition Brennan, Joseph P NAME NAME 12001 POPASH GLEN STREET ADDRESS STREET ADDRESS 4500 Winners Circle #2111 **BRADENTON FL 34202** CITY-ST-ZIP CITY-ST-ZIP Sarasota, FL 34238 VPTS TITLE ☐ Defete Change ☐ Addition NAME BRENNAN, TRACI NAME 4500 Winners Circle # alli STREET ADDRESS 12001 POPASH GLEN STREET ADDRESS Sarasota, FL 3422 8 CITY-ST-ZIP **BRADENTON FL 34202** CITY-ST-ZIF ☐ Delete TITLE ☐ Change Addition 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-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition 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

12. 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 expiremental 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 and rustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE