2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR P01000071695 DOCUMENT

1. Entity Name

J.B. HOUSER ENTERPRISES, INC.



02-27-2003 90108 031 ***150.00

Feb 27, 2003 8:00 am Secretary of State

FILED

Principal Place of Business 319 OSPREY POINT DRIVE OSPREY FL 34229

Mailing Address 319 OSPREY POINT DRIVE OSPREY FL 34229

2. Principal Place of Business 3. Mailing Address 800 S Osfrey Ave 800 S CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 65-1123798 Not Applicable Country Country 34236 \$8.75 Additional 52525 5. Certificate of Status Desired - . . 34234 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name F. THOMAS HOPKINS, ESQUIRE Street Address (P.O. Box Number is Not Acceptable) ICARD, MERRILL, ET. AL. 2033 MAIN STREET #600 SARASOTA FL 34237 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. I am familiar with, and accept **SIGNATURE** Signature, typed or printed name title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fed will be \$550.00 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Florida Department of State Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Delete TITLE J. BRADLEY HOUSER Change NAME ☐ Addition NAME 319 OSPREY POINT DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-7IP OSPREY FL 34229 CITY-ST-7IP ☐ 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 NAME Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE . 🗀 Delete ☐ Change NAME ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change NAME Addition NAME STREET ADDRESS STREET ADDRESS 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 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 truetes 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:

NTED NAME OF SIGNING OFFICER