2002 UNIFORM BUSINESS REPORT (UBR)

Jun 13, 2002 8:00 am Secretary of State P01000073180 **DOCUMENT #** 06-13-2002 90386 001 ***150.00 1. Entity Name JAXOFFICES 300, INC. Principal Place of Business Mailing Address 12276-111 SAN JOSE BLVD. 12276-111 SAN JOSE BLVD. JACKSONVILLE FL 32223 JACKSONVILLE FL 32223 2. Principal Place of Business 3. Malling Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BARTLETT & DEAL, P.A. Street Address (P.O. Box Number is Not Acceptable) 135 PROFESSIONAL DR., STE. 101 PONTE VEDRA BEACH FL 32082 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 (NOTE: Registered Agent signature required when reinstating) 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 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE (9/01 ☐ Delete TITLE ☐ Addition ☐ Change AZZALIN, GIORGIO NAME NAME E034 (STREET ADDRESS 12276-111 SAN JOSE BLVD. STREET ADDRESS JACKSONVILLE FL 32223 CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE ☐ Change ☐ Addition NAME MICHELI, CESARE NAME STREET ADDRESS 12276-111 SAN JOSE BLVD. STREET ADDRESS JACKSONVILLE FL 32223 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 45.50 \$277.5 (0.5) 35.0011 C.1.1 (3.1.5.7) TITLE ☐ Delete ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS AZZYLIA ELSHGO STREET ADDRESS CITY-ST-7IP CITY_ST_7IP

13. I hereby certify that the information supplied with this filling 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 peport is tripe 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 appress, with all other like empowered.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

الإرادة والإنجارة

7ПЈ Е

NAME

STREET ADDRESS

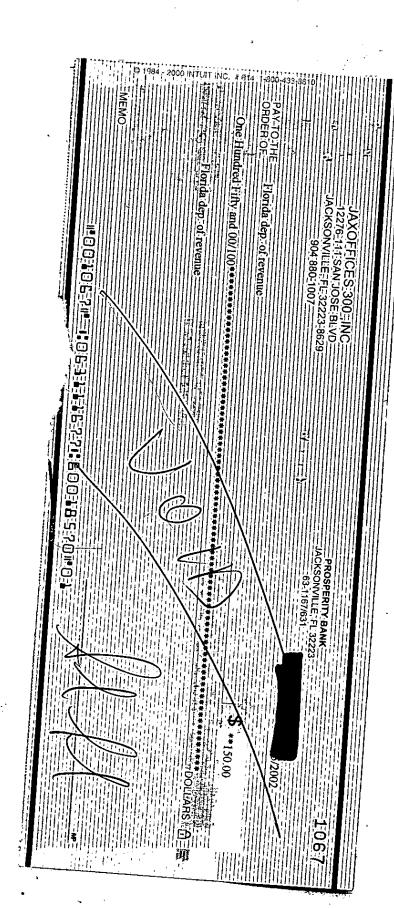
CITY-ST-ZIP

□ Delete

☐ Change

☐ Addition

FILED



Htachment 18150