FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2002 8:00 am
Secretary of State
03-26-2002 90038 035 ***150.00

DOCUMENT # P01000077575

1. Entity Name
JREAM

DO NOT WRITE IN THIS SPACE

BQ051316

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2. Principal Place of Business	3. Mailing Address
1911 1st Street	Until 5/10/02 635 Forest Ln.
Suite, Apt. #, etc. Suite B	Suite, Apt. #, etc.
City & State Indian Rocks Beach FL	City & State Deland, FL
Zip 33785 Country USA	Zip 32724 Country USA

4. FEI Number 59-3756889 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: James Kasper

Street Address (P.O. Box Number is Not Acceptable): 110 Palmetto Ln.

City: Largo FL Zip Code: 33770

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: J. Kasper (JAMES H. KASPER) 3.12.02
Signature and typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $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	President, M
NAME	James Kasper
STREET ADDRESS	1911 1st St. Suite B
CITY-ST-ZIP	Indian Rocks Bch, FL 32724
TITLE	Vice-President
NAME	Nate Murray
STREET ADDRESS	322 E. Shore Drive
CITY-ST-ZIP	Oldsmar, FL 34677

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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: J. Kasper 3.12.02 386.479.3224
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)