FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000104451

1. Entity Name: JetBroker.Com, Inc.

FILED
03 OCT 20 PM 2:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

10/14/03 6/015 010 19125

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 4375 Riverview Blvd
Suite, Apt. #, etc.
City & State: Bradenton FL
Zip: 34209 Country: USA

3. Mailing Address:
Suite, Apt. #, etc.
City & State:
Zip: 34209 Country:

4. FEI Number: 020594780 — 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: Phillip D. Casciola President
Street Address (P.O. Box Number is Not Acceptable): 4375 Riverview Blvd
Bradenton FL 34209

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: Phillip D. Casciola, President 10-5-03
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Phillip D. Casciola 4375 Riverview Blvd Bradenton FL 34209 President	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500023665525 10/09/03--01041--015 **558.75
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CR2E034B (12/02)

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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Phillip D. Casciola President 10/5/03 941 753-6900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #