## FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 15, 2002 8:00 am § Secretary of State DOCUMENT # P02000000438 1. Entity Name JP MONEY, INC. 05-15-2002 90145 021 \*\*\*150.00 Principal Place of Business Mailing Address 1204 BIG CREEK DRIVE 1204 BIG CREEK DRIVE WESLEY CHAPEL FL 33543 WESLEY CHAPEL FL 33543 2. Principal Place of Business 3. Mailing Address 1204 Bile C 1204 reek Dr Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For Wesle تتلعملور 2600/3391 Not Applicable Zip \$8.75 Additional 5. Certificate of Status Desired $\Box$ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Spiner HEALD, MÍCHAEL W Street Address (P.O. Box Number is Not Acceptable) 500 HARBOUR PLACE, #1108 TAMPA FE33602 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 tered agent and title if applicable ent 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 i silax 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITI F Change | ☐ Addition NAME .... PANESSO, JUAN A NAME STREET ADDRESS 1204 BIG CREEK DRIVE STREET ADDRESS CITY-ST-7IP **WESLEY CHAPEL FL 33543** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME OSPINA, JUAN D NAME STREET ADDRESS 1204 BIG CREEK DRIVE STREET ADDRESS CITY-ST-ZIP WESLEY CHAPEL FL 33543 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 ☐ Detete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

AGNATURE AND TYPED OR HINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

4-15-02

813 695-2413

Daytime Phone #

☐ Change

☐ Addition