2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P02000059887

1. Entity Name JND MARKETING, INC. FILED Apr 16, 2003 8:00 am Secretary of State 04-16-2003 90114 030 ***150.00

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| Sulfe, Apt #, std. Sulfe, Apt #, std. Sulfe, Apt #, std. City & State City & State | Principal Place 9125 SW 190TH DUNNELLON FL | I CT | Mailing Address 9125 SW 190TH CT DUNNELLON FL 34432 | 9125 SW 190TH CT | | | | | | | | |
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| City & State City & State City & State City & State City & State Country Country Country Country Country S. Certificate of Strutus Desirect S8.75 Additional Fee Registered Agent F | 2. Principal Place of Business | | 3. Mailing Address | 3. Mailing Address | | | | | 8 8 8 8 8 | { | | |
| Country Zp Country Zp Country S. Certification of Status Desired Se. 75 Additional Replaced See 75 Additional Replac | Suite, Apt. # | , etc. | Suite, Apt. #, etc. | Suite, Apt. #, etc. | | | CHECK HERE IF MAKING CHANGES | | | | | |
| Secondary Seco | City & State | | City & State | City & State | | | | | | | 7 | |
| DELETTRE, J NEAL 9125 SW 1907H CT DUNNELLON FL 34432 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 collegisations of registered agent. SIGNATURE Signature S | Zip | Country Zip Cou | | | try | 5. | | | 8.75 Ad | Iditional | 1 | |
| DELETTRE, J NEAL 9125 SW 1907H CT DUNNELLON FL 34432 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 collegisations of registered agent. SIGNATURE Signature S | | 6. Name and Address of Cu | rrent Registered Agent | L | i . | 7. ! | 7. Name and Address of New Registered Agent | | | | | |
| Signature John CT DUNNELLON FL 34432 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 maller with, and accept the obligations of registered agent. SIGNATURE Symaths John to present with a purpose of changing its registered agent and side if applicable. INCITE Registered Agent algebras required when the state of Florida. I am maller with, and accept the obligations of registered agent. INCITE Registered Agent algebras required who into taking DATE FILE NOW!!! FEE IS \$150.00 | | - ' ' ' ' | | | | | | | | | | |
| Signature John CT DUNNELLON FL 34432 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 maller with, and accept the obligations of registered agent. SIGNATURE Symaths John to present with a purpose of changing its registered agent and side if applicable. INCITE Registered Agent algebras required when the state of Florida. I am maller with, and accept the obligations of registered agent. INCITE Registered Agent algebras required who into taking DATE FILE NOW!!! FEE IS \$150.00 | DELETTRE. | J NEAL | | | • | | | | | | | |
| E. 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 Symitch, logical or primed remore this guitarian separa and time it amplicates. (ACTY, Programme Agent signatura reported separa, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. (ACTY, Programme Agent signatura reported separa, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. (ACTY, Programme Agent signatura reported separa, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. (ACTY, Programme Agent signatura reported separa signatura reported separa signatura reported separa signatura reported separa. (ACTY, ACTY, A | - | | | Street Address | | | s (P.O. Box Number is Not Acceptable) | | | | | |
| B. 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 TILE NOW!!! FEE IS \$150.00 PRICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. | | | | | · · · · · · · · · · · · · · · · · · · | | | | | | - | |
| B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature | DONNELLO | N FL 34432 | | | | | | | | | | |
| SIGNATURE Signature Signa | | | | | City | FL | Zip Code | | | | | |
| FILE NOW!! FEE IS \$150.00 Majke Check Payable to Florida Department of State State | the obligations of registered agent. | | | | | | | | | | | |
| After May 1, 2003 Fee will be \$550.00 May Be Addet to Fees Migke Check Payable to Florida Department of State 10. | SIGNATUREs | ignature, typed or printed name of registered | d agent and title if applicable. (NOT) | E: Registere | d Agent signature requ | ired when re | einstating) | DATE | | | | |
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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 Statules; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with a a address, with all other like empowered.

352.465-2000

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