## 2003 FOR PROFIT CORPORATION

May 02, 2003 8:00 am & Secretary of State **UNIFORM BUSINESS REPORT (UBR**) P02000073997 DOCUMENT # 05-02-2003 90743 022 \*\*\*150.00 1. Entity Name JMJ DEVELOPERS, INC. Principal Place of Business Mailing Address 30123179 1827 TRADE CENTER WAY 1827-TRADE CENTER WAY SUITE 300-SUITE 300 NAPLES -FL-34109 NAPLES FL 34109 2. Principal Place of Business 3. Mailing Address 2100 Trad SAME Suite, Apt. #, etc. Suite, Apt. #, etc ☐ CHECK HERE IF MAKING CHANGES Applied For City & State City & State 4. FEI Number 01-0734320 Not Applicable Zip 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 SKRIVAN, KENT A Street Address (P.O. Box Number is Not Acceptable) **BUTZEL LONG** 801 LAUREL OAK DRIVE, SUITE 705 NAPLES FL 34108 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. TITLE ☐ Delete TITLE Change 2100 Trade Center WAY - Snites MUSUMANO, PATSY NAME NAME 1827-TRADE CENTER WAY, SUITE 300 STREET ADDRESS STREET ADDRESS Naples - H. 34/09 NAPLES FL 34109 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITI F MUSUMANO, DONNA NAME NAME 1827 TRADE CENTER WAY, SUITE 300 STREET ADDRESS STREET ADDRESS NAPLES FL 34109 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change Addition NAME NAME

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 receive or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment,

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

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Daytime Phone #