2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: REVELSHARING REVELLS

17.

Jul 28, 2003 8:00 am Secretary of State 07-14-2003 90346 023 ***150.00 P02000077135 DOCUMENT # 07-28-2003 90145 025 ***400.00 CROWN JEWEL OF STUART, INC. 90147776 Principal Place of Business Mailing Address 3291 SE FEDERAL HIGHWAY 3291 SE FEDERAL HIGHWAY STUART FL 34997 STUART FL 34997 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. IT CHECK HERE IF MAKING CHANGES 4. FEI Number Applied For City & State City & State 117 240931 Not Applicable Zip Country 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 STARK BERROCAL, CARLOS J Street Address (P.O. Box Number is Not Acceptable) **801 MAPLEWOOD DRIVE** SUITE 22-A JUPITER FL 33458 HUBE JOURS Zip Code 33 Yo つ a. The above named entity symmits 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. ed Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 After September 10, 2003 Fee will be \$750.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Addition Delete TITLE ISOLICA, CARLOS NAME NAME 3755 MILITARY TRAIL STREET ADDRESS STREET ADDRESS JUPITER FL 33458 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE ISOLICA, WANDA NAME 3755 MILITARY TRAIL STREET ADDRESS STREET ADDRESS JUPITER FL 33458 CITY-ST-7IP CITY-ST-7IP Delete ---Change _ Addition -TITLE : TITLE STARK, RONALD ---NAME NAME 3291 SE FEDERAL HIGHWAY STREET ADDRESS STREET ADDRESS STUART FL 34997 CITY-ST-ZIP ☐ Oelete TITLE ☐ Change Adoltion STARK, MARY M NAME 3291 SE FEDERAL HIGHWAY STREET ADDRESS STREET ADDRESS STUART FL 34997 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 onth; 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 Block 11 if changed, or on an attachment with an address, with all other like empoyered.