2003 FOR PROFIT CORPORATION

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SIGNATURE:

UNIFORM BUSINESS REPORT (UBR) 03-28-2003 90058 008 ***150.00 P02000100503 **DOCUMENT #** 1. Entity Name JBP SERVICES, INC. Principal Place of Business Mailing Address 2466 CAT CAY LANE 2466 CAT CAY LANE FORT LAUDERDALE FL 33312 FORT LAUDERDALE FL 33312 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Sulte, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State Applied For 4. FEI Number 30-0110343 Not Applicable Zio Country Zio Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ALARCON, GUSTAVO G Street Address (P.O. Box Number is Not Acceptable) 1901 N. ANDREWS AVENUE, SUITE 219 WILTON MANORS FL 33311 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 explicable (NOTE: Registered Agent signature required when reinstating) CATE 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. BED Change Addition CR2E034 (10/02) Delete TITLE IME J. BRUCE PAYETTE NAME NAME STREET ADDRESS STREET ADDRESS 2466 CAT CAY LANE CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Addition TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TIT! F - Delete · · · IMF _ ☐ Chance : NAMÉ : STREET ADDRESS STREET ADDRESS CITY-ST-7IP CHY-ST-792 ☐ Change Addition TILE ☐ Delete TITE F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change - Addition TITLE ☐ Delete TITLE 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 I hereby certify that the information supplied with this filling 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 truetee ampowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

Apr 14, 2003 8:00 am Secretary of State

DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CINCINNATI OH 45999

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CP 576 A

30-0110343

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JB PROPERTIES, INC 2466 CAT CAY LN FORT LAUDERDALE FL

STUB OF THIS NO. -J. BRUCE PAYETTES

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER (EIN)

As we were processing your Form 2553 for tax period 122002, we found that your form didn't have a valid employer identification number (EIN). Our records show no EIN assigned to this business. Since an EIN is required by law, we assigned you EIN 30-0110343. Please keep this notice for your records.

Use your name and EIN exactly as shown above on all federal tax forms, payments, and related correspondence. If you use any variation in your name or EIN it may cause a delay in processing, incorrect information in your account, or cause you to be assigned more than one EIN.

Every taxpayer must figure taxable income on the basis of an annual accounting period, called a tax year. For trusts, your tax year must generally be a calendar year, unless you are a charitable trust or are exempt from tax under the law. For partnerships, your tax year must conform with either the tax year of the the majority partners, the tax year of the principal owners, or a calendar year, in that order, unless you establish a business purpose for using a different tax year. A personal service corporation must use a calendar year as its tax year, unless you establish a business purpose for using a different tax year. For further information, see Publication 538 (Accounting Periods and Methods), available at most IRS offices.

We've enclosed a Form SS-4, Application for Employer Identification Number (EIN), for you to complete so your account record will be complete. Please return the form with the bottom part of this notice within 15 days. We've enclosed an envelope for your convenience.

If you already have an EIN, return the bottom part of this notice to us. Wriin the exact name and EIN shown on the notice you received assigning you that EIN. Write

Thank you for your cooperation.

Keep this part for your records.

CP 576 A (Rev. 7-1997)

Return this part with your Form SS-4, Application for Employer Identification Number. Please correct any errors in your name or address.

CP 576 A

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Your Telephone Number Best Time to Call DATE OF THIS NOTICE: 09-18-2002

EMPLOYER IDENTIFICATION NUMBER: 30-0110343 FORM: 2553

INTERNAL REVENUE SERVICE CINCINNATI OH 45999