FILED

2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING

SIGNATURE

Feb 26, 2003 8:00 am Secretary of State **DOCUMENT #** P02000132746 02-26-2003 90129 019 ***150 00 1. Entity Name JARED KENTA AND COMPANY INC. REMOVE R Principal Place of Business Mailing Address 1010 GUN CLUB RD 1010 GUN CLUB RD SARASOTA FL 34232 SARASOTA FL 34232 IIS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEt Number Applied For 1643105 16 -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 PLUFF, PAUL JR 5931 28 AVE WEST **BRADENTON FL 34209** 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. 02/10/2003 SIGNATURE ignature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State. Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE PRESIDENT Delete TITLE Change ☐ Addition NAME KENT, JARED À NAME JARFD KENT STREET ADDRESS 1010 GUN CLUB RD STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34232 CITY-ST-ZIP TITLE **VP** ☐ Delete TITLE ☐ Change Addition NAME KENT, ALICIA NAME STREET ADDRESS 1010 GUN CLUB RD STREET ADDRESS CITY-ST-7IP SARASOTA FL 34234 CITY-ST-ZIP TITLE = Delete TR TITLE Change - - - Addition-NAME PLUFF, PAUL JR NAME STREET ADDRESS 5931 28 AVE WEST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL 34209** □ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 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 10 or Block 11 if