APPROVED AND FILED

05 MAY 23 AM 9:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P03000152102

1. Entity Name

Johncke's International Inc.

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
103 Waterford Drive	103 Waterford Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Jupiter Florida	City & State: Jupiter Florida
Zip: 33458 Country: USA	Zip: 33458 Country: USA

4. FEI Number: 92 018 0065 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Peter Johncke

Street Address (P.O. Box Number is Not Acceptable): 103 Waterford Dr

City: Jupiter FL Zip Code: 33458

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: Peter Johncke 4/28/05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating) DATE

January 1st - May 1: Fee is $150.00
After May 1: Fee is $350.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CEO	TITLE	
NAME	Peter Johncke	NAME	
STREET ADDRESS	103 Waterford Drive	STREET ADDRESS	
CITY-ST-ZIP	Jupiter FL 33458	CITY-ST-ZIP	
TITLE	President	TITLE	
NAME	Peter Johncke	NAME	
STREET ADDRESS	103 Waterford Drive	STREET ADDRESS	000053837080
CITY-ST-ZIP	Jupiter, FL 33458	CITY-ST-ZIP	05/04/05--01042--008 **158.75
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	**DO NOT WRITE**
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CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034B (12/02)

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

SIGNATURE: Peter Johncke 4/28/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #