2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 07, 2002 8:00 amg Secretary of State DOCUMENT # P92000005492 1. Entity Name 05-07-2002 90267 023 ***150.00 JOPA ENTERPRISES, INC. Principal Place of Business Mailing Address 12951 METRO PKWY P.O. BOX 7212 STE #7 FT. MYERS FL 33911 FT. MYERS FL 33912 2. Principal Place of Business 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For NOT APPLICABLE Not Applicable _Country____ -Country. Zip. \$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 LUNDQUIST, VERNON Street Address (P.O. Box Number is Not Acceptable) 12951 METRO PKWY METROPOLIS CENTER STE #7 FT. MYERS FL 33912 City Zip Code FL 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11, OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete CR2E034 (9/01) TITLE ☐ Change ☐ Addition NAME GOODING, BRENDA J NAME STREET ADDRESS 10265 GANDY BLVD #1316 STREET ADDRESS CITY-ST-ZIP ST. PETERSBURG FL 33702 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME CRITTENDEN, PATI K NAME STREET ADDRESS STREET ADDRESS 3010 BRITTANY LN CITY-ST-ZIP TEXARKANA TX:75503 CITY_ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME LUNDQUIST, VERNON STREET ADDRESS 12951 METRO PKWY #7 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT. MYERS FL 33912 TITLE ☐ Delete TITLE ☐ Change ☐ 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-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other the empowered.

CITY-ST-ZIP

SIGNATURE: SIGNATURE AND TYPED OR PRINCED NAME OF SIGNING OFFICER OR DIR

CITY-ST-ZIP