2000 UNIFORM BUSINESS REPORT (UBR)

FILED May 17, 2000 8:00 am Secretary of State DOCUMENT # **P93000035145** 1. Entity Name SYJ ENTERPRISES, INC. 05-17-2000 90922 003 ***150.00 Mailing Address Principal Place of Business 704 BIG TREE RD. 704 BIG TREE RD. SOUTH DAYTONA FL 32119 SOUTH DAYTONA FL 32119-2704 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 59-3180184 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name JENKINS. STANLEY E JR Street Address (P.O. Box Number is Not Acceptable) 704 BIG TREE ROAD SOUTH DAYTONA FL 32119 City 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. \Box Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Change TITLE ☐ Delete TITLE JENKINS, STANLEY E JR NAME NAME STREET ADDRESS STREET ADDRESS 704 BIG TREE ROAD CITY-ST-ZIP CITY-ST-ZIP SOUTH DAYTONA FL 32119 ☐ Change ☐ Addition TITLE Delete TITLE JENKINS, YVONNE E NAME NAME 704 BIG TREE ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **SOUTH DAYTONA FL 32119** ☐ Delete TITLE -☐ Change Addition TITLE - - -JENKINS, STEPHEN R NAME NAME STREET ADDRESS 938 CANAL VIEW STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PORT ORANGE FL 32119 Delete TITLE ☐ Change ☐ Addition TITLE JENKINS, STANLEY E SR. NAME NAME STREET ADDRESS STREET ADDRESS 433 TARRAGONA WAY CITY-ST-ZIP CITY-ST-ZIP DAYTONA BEACH FL 32114 ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 like empowered.

SIGNATURE:

STATE OF

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/200

904-254-25-6

Daytime Phone #