FILED

2003 FOR PROFIT CORPORATION

Mar 19, 2003 8:00 am § Secretary of State **UNIFORM BUSINESS REPORT (UBR** P93000065579 DOCUMENT # 1. Entity Name 03-19-2003 90171 005 ***150.00 S. J. A. R., INC. Principal Place of Business Mailing Address 1812 BAYOU GRANDE BLVD., N.E. 1812 BAYOU GRANDE BLVD., N.E. ST. PETERSBURG FL 33703-1910 ST. PETERSBURG FL 33703-1910 3. Mailing Address same Suite, Apt. #, etg CHECK HERE IF MAKING CHANGES City & State 4. FEI Number Applied For 59-3202087 Not Applicable 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 SIMMONS, SUSAN L Street Address (P.O. Box Number is Not Acceptable) 1812 BAYOU GRANDE BLVD N.E. ST. PETERSBURG FL 33703-1910 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. the obligations of registered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating 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 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DP TITLE TITLE CR2E034 (10/02) ☐ Addition NAME SIMMONS, SUSAN L NAME STREET ADDRESS 1812 BAYOU GRANDE BLVD. N.E. STREET ADDRESS CITY-ST-ZIP ST. PETERSBURG FL 33703-1910 CITY-ST-7IP TITLE DS TITLE NAME REAGLE, ALICE L NAME STREET ADDRESS 1812 BAYOU GRANDE BLVD. N.E. STREET ADDRESS CITY-ST-ZIE ST. PETERSBURG FL 33703-1910 CITY-ST-ZIP TITLE DT TITLE ___Change Addition NAME REAGLE, CHARLES R NAME STREET ADDRESS 1812 BAYOU GRANDE BLVD. N.E. STREET ADDRESS CITY-ST-78 ST. PETERSBURG FL 33703-1910 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition 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-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 changed, or on an attachi

SIGNATURE: