2001 UNIFORM BUSINESS REPORT (UBR) Mar 05, 2001 8:00 am **DOCUMENT # P93000070809 Secretary of State** WESTERN ACCESSORIES BY JEANIE & J.R., INC. 03-05-2001 90321 043 ***150.00 Principal Place of Business Mailing Address 001 E: SEMINOLA BLVD. -661-E_SEMINOLA_BLVD. CASSELBERRY FL 92707 CASSELBERRY FL 32707 629808 3. Mailing Address Hacienda 2. Principal Place of Business Hacioudu Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3205690 Winter FL . Fc Winter Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent -LEIGHTY, EMMA-J Street Address (P.O. Box Number is Not Acceptable) 661 E. SEMINOLA BLVD. CASSELBERRY FL 32707 City Winter Springs 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) 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, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Delete TITLE TITLE LEIGHTY, EMMA J NAME NAME 93 Hacienda 661 E. SEMINOLA BLVD. STREET ADDRESS STREET ADDRESS Winter Springs FC 32708 CASSELBERRY FL CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete LEIGHTY, JOHN R NAME NAME 93 Hacrenda winter springs PL 32708 661 E. SEMINOLA BLVD. STREET ADDRESS STREET ADDRESS CASSELBERRY FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE. ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Change ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS 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

2-20-01

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