2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2000 8:00 am
Secretary of State
05-18-2000 90383 012 ***150.00

DOCUMENT # P93000085944

1. Entity Name
JELSON INDUSTRIES INC.

Principal Place of Business	Mailing Address
P.O. BOX 4235 FT. LAUDERDALE FL 33338-4235	P.O. BOX 4235 FT. LAUDERDALE FL 33338-4235

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0458874 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ANDERSON, LENNON 1166 NW 9 TERRACE FT. LAUDERDALE FL 33311	Name: Lennon Anderson Street Address (P.O. Box Number is Not Acceptable): 5668 NW 108 Way Coral Springs City: FL Zip Code: 33076

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) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	CPMD	☐ Delete	TITLE	☒ Change ☐ Addition
NAME	ANDERSON, LENNON		NAME	
STREET ADDRESS	1166 NORTHWEST 9TH TERRACE		STREET ADDRESS	5668 NW 108 Way
CITY-ST-ZIP	FT. LAUDERDALE FL		CITY-ST-ZIP	Coral Springs, FL 33076
TITLE	VTSD	☐ Delete	TITLE	☒ Change ☐ Addition
NAME	ANDERSON, JONATHAN		NAME	
STREET ADDRESS	1166 NORTHWEST 9TH TERRACE		STREET ADDRESS	5668 NW 108 Way
CITY-ST-ZIP	FT. LAUDERDALE FL		CITY-ST-ZIP	Coral Springs, FL 33076
TITLE		☐ 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-ZIP			CITY-ST-ZIP	
TITLE		☐ 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-ZIP			CITY-ST-ZIP	

CR2E034 (9/99)

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: [signature] LENNON ANDERSON 042800 954 849-0528
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #