2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED DOCUMENT # **P9400036770** Jan 19, 2000 8:00 am Secretary of State JCD ENTERPRISES, INC. 01-19-2000 90136 016 ***150.00 Principal Place of Business Mailing Address 35 E PINEHURST BLVD PO BOX 718 EUSTIS FL 32726 EUSTIS FL 32727-0718 C00059853. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3242519 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BLANCHARD, CLAYTON H JR Street Address (P.O. Box Number is Not Acceptable) 35 E PINEHURST BLVD EUSTIS FL 32726 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 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. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Change Addition TITLE ☐ Delete TITLE BLANCHARD, CLAYTON H JR NAME NAME STREET ADDRESS 35 E PINEHURST BLVD STREET ADDRESS CITY-ST-ZIP EUSTIS FL 32726 CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE BELTON, ROBERT NAME 37221 SANDY LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP GRAND ISLAND FL CITY-ST-ZIP _ Delete _ Change Addition TITLE BLANCHARD, AMY B NAME STREET ADDRESS STREET ADDRESS 28432 TAMMI DR CITY-ST-ZIP TAVARES FL CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE BELTON, DEBBIE B NAME STREET ADDRESS 37221 SANDY LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **GRAND ISLAND FL 32735** ☐ Delete TITLE ☐ Addition 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-7IP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 opticisee drysowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if indicated on this report or supplemental report of the corporation or the receiver or frustee errochanged, or on an attachment with an address