FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Feb 11, 2002 8:00 am DOCUMENT # P94000036770 **Secretary of State** 1. Entity Name 02-11-2002 90206 040 ***150.00 JCD ENTERPRISES, INC. Principal Place of Business Mailing Address 35 E PINEHURST BLVD PO BOX 718 **EUSTIS FL 32727 EUSTIS FL 32726** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3242519 Not Applicable - Country _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 BLANCHARD, CLAYTON H JR Street Address (P.O. Box Number is Not Acceptable) 35 E PINEHURST BLVD **EUSTIS FL 32726** Zip Code FL 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 Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 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. CR2E034 (9/01) ☐ Addition ☐ Change TITLE ☐ Delete TITLE BLANCHARD, CLAYTON H JR NAME NAME STREET ADDRESS STREET ADDRESS 35 E PINEHURST BLVD CITY-ST-ZIP CITY-ST-ZIP EUSTIS FL 32726 ☐ Addition TITLE ☐ Delete TITLE Belton, Robert Po Box 1379 NAME **BELTON, ROBERT** NAME STREET ADDRESS STREET ADDRESS 37221 SANDY LANE EUSTIS, PL 32727 CITY-ST-ZIP CITY-ST-ZIP GRAND ISLAND FL Change Addition TITLE ☐ Delete TITLE Blanchard Amy B. 22200 Lake Sereca Erad NAME NAME BLANCHARD, AMY B STREET ADDRESS STREET ADDRESS **28432 TAMMI DR** Eustes IFI 32736 CITY-ST-ZIP CITY-ST-ZIP TAVARES FL Belton, Debbie B POBOV 1379 ☐ Addition TITLE ☐ Delete TITI F BELTON, DEBBIE B NAME NAME STREET ADDRESS 37221 SANDY LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **GRAND ISLAND FL 32735** Queto 1 Pr 32727 Change Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP CITY-ST-7IP

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 or vustue 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 a address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR