2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Apr 25, 2001 8:00 am Secretary of State DOCUMENT # P94000038352 1. Entity Name JUPITER INVESTMENT CO. 04-25-2001 90170 024 ***150.00 Principal Place of Business Mailing Address 9560 N.W. 42ND COURT 9560 N.W. 42ND COURT **CORAL SPRINGS FL 33065** CORAL SPRINGS FL 33065 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0493672 Not Applicable Zip Zic 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 Name JUPITER, DEAN J Street Address (P.O. Box Number is Not Acceptable) 9560 N.W. 42ND COURT CORAL SPRINGS FL 33065 Zip Code City 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 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. 12. CRZE034 (10/00) TITLE ☐ Delete ☐ Change ■ Addition JUPITER, DEAN J NAME NAME STREET ADDRESS 9560 N.W. 42ND COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **CORAL SPRINGS FL** 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-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 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.

NING OFFICER OR DIRECTOR

4-19-1

Daytime Phone #