2000 UNIFORM BUSINESS REPORT (UBR) FILED Apr 13, 2000 8:00 am Secretary of State DOCUMENT # P94000044359 1. Entity Name JAYALDON SERVICES CORP. 04-13-2000 90118 031 ***150.00 Mailing Address Principal Place of Business 2831 RINGLING BLVD 2831 RINGLING BLVD SUITE D-113 SUITE D-113 SARASOTA FL 34237-5363 SARASOTA FL 34237 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number 65-0499273 Not Applicable \$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 BAIZE, BRUCE Street Address (P.O. Box Number is Not Acceptable) 2831 RINGLING BLVD SUITE D-113 SARASOTA FL 34237 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. (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2000 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 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PDS Change ☐ Addition TITLE TITLE DS Delete BESTE, SYLVIA NAME STREET ADDRESS 2831 RINGLING BLVD SUITE D-113 STREET ADDRESS CITY-ST-ZIP SARASOTA FL CITY-ST-ZIP **VPDT** ☐ Addition ☐ Delete TITLE TITLE BAIZE, BRUCE 0023 Laurel Valley Ave Cir. NAME NAME 2831 RINGLING BLVD SUITE D-113 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA FL CITY-ST-ZIP Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Detete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITI F □ Delete NAME NAME

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.

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-7IP

TITLE

NAME STREET ADDRESS

☐ Delete

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-7IP

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF

Bruce Bais

3/15/00

941-351-4649

Change

☐ Addition

Daytime Phone #