2000 UNIFORM BUSINESS REPORT (UBR) FILED May 13, 2000 8:00 am Secretary of State DOCUMENT # **P9400065685** J.A. SERVICES, INC. 05-13-2000 90011 005 ***150.00 Principal Place of Business Mailing Address MW 10 AVENUE 3568 NW 10TH AVE i LAUDERDALE FL 33309 FT LADUERDALE FL 33309-5927 US 2. Principal Place of Business 3. Mailing Address 568# NW DO NOT WRITE IN THIS SPACE ₹Suite, Apt. #, etc Suite, Apt. #. etc. Applied For 4. FEI Number 65-0528355 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name AYCOCK, JAMES H Street Address (P.O. Box Number is Not Acceptable) 3568 NW 10TH AVE FT LAUDERDALE FL 33309 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) 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. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition TITLE TITLE ☐ Delete AYCOCK, JAMES H NAME NAME STREET ADDRESS STREET ADDRESS 3568 NW 10TH AVE CITY-ST-ZIP CITY-ST-ZIP FT. L'AUDERDALE FL 33309 ☐ Change ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ 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-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE 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.

CITY-ST-7IP

D NAME OF SIGNING OFFICER OR DIRECTOR