2003 FOR PROFIT CORPORATION

May 02, 2003 8:00 am **UNIFORM BUSINESS REPORT (UBR** Secretary of State P94000079042 **DOCUMENT#** 05-02-2003 90145 026 ***150.00 1. Entity Name JDKELM, INC. Principal Place of Business Mailing Address TIUGGUII 14719 7TH AVE EAST 14719 7TH AVE EAST **BRADENTON FL 34212-2915 BRADENTON FL 34212-2915** 2. Principal Place of Business ☐ CHECK HERE IF MAKING CHANGES 4. FEI Number Applied For 65-0541015 Florida Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent Name and Address of New Registered Agent BAKER, DIANA L 14719 7TH AVE EAST **BRADENTON FL 34202-2915** 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. I am familiar with, and accept the obligations of registered agent the obligations of registered agent. SIGNATURE e of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PDT ☐ Delete Change Baker, James E 119 141st Ct NE BAKER, JAMES E NAME NAME 14719 7TH AVE EAST STREET ADDRESS STREET ADDRESS **BRADENTON FL 34212-2915** CITY-ST-ZIP CITY-ST-ZIP Bradenton FL TITLE VDS ☐ Delete TITLE Change ☐ Addition Baker, Diana L 119 141st Ct NE Bradenton FL 34212 NAME BAKER, DIANA L NAME 14719 7TH AVE EAST STREET ADDRESS STREET ADDRESS **BRADENTON FL 34212-2915** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - 7IP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete ☐ Addition ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Addition TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP 12. 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 10 or Block 11 if

changed, or on an attachr

SIGNATURE:

FILED